

# **Center Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details                     |                         |                 |                   |  |
|-------------------------------------|-------------------------|-----------------|-------------------|--|
| Program Name                        | Program Number          |                 | Program Type      |  |
| YMCA of Wayne County-Wooster Branch | 00000105477             |                 | Child Care Center |  |
| Before/After Care                   |                         |                 |                   |  |
| Address                             |                         |                 | County            |  |
| 680 WOODLAND AVENUE WOOSTER         |                         |                 | WAYNE             |  |
| ОН                                  |                         |                 |                   |  |
| 44691                               |                         |                 |                   |  |
|                                     |                         |                 |                   |  |
| Building Approval Date              | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 04/04/2003                          | A-4                     |                 |                   |  |
| Fire Inspection Approval Date       | Food Service Risk Level |                 |                   |  |
| 06/11/2024                          | Level III               |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | соре             | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 07/30/2024             | 9:21 AM                        |                  | 12:00 PM          |              |
| Reviewer:              |                                |                  |                   |              |
| REBECCA KOTEWICZ       |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 9                              | 0                | 1                 | 8            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 62         | 0         | 62    |
| Total Capacity/Enrollment                                 | 66               | 62         | 0         | 62    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |



| К   | School-Age to < 11 years | 3 to 21 | All K, 1, 2 with 2<br>5-6th in gym at |
|-----|--------------------------|---------|---------------------------------------|
|     |                          |         | arrival                               |
| 3-4 | School-Age to < 11 years | 3 to 12 | Programming in                        |
|     |                          |         | gym                                   |
| 3-4 | School-Age to < 11 years | 3 to 23 | At the park across                    |
|     |                          |         | the street                            |

#### **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

#### Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

#### **Moderate Risk Non-Compliances**

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 1, 12, 13, 16, 32, 33below:

1. No plan was on file. (Page 1)



- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.

(Page 2)

- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

(Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

(Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.

40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.

41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.



42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.

43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.

44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/30/2024

# Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

<u>Finding</u>: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number(s) 5 below:

- 1. There was no method in place;
- 2. The method did not include each child's name;
- 3. The method did not include each child's date of birth;
- 4. The tracking method did not remain with the group at all times;
- 5. The tracking method was not updated throughout the day as children entered or left the group.

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/30/2024



# **Domain: 06 Program Information**

Rule: 5101:2-12-14 Transportation and Field Trip Procedures

<u>Code</u>: The program is required to obtain written parental permission before leaving the premises and retain the forms for at least one year from the date of the trip. Routine trip permission forms must be updated annually.

<u>Finding</u>: In review of the program's records, it was determined that requirements for written permission from the parent/guardian for a field trip or routine trip were not met as listed in number(s) 1 below:

1. Written parental permission was not secured for field trips and/or routine trips off the premises.

- 2. The written permission was missing the child's name.
- 3. The written permission was missing the date(s) of the trip(s) (field trips only).
- 4. The written permission was missing the destination(s) of the trip(s).
- 5. The written permission was missing the departure and return time(s) of the trip(s) (field trips only).
- 6. The written permission was missing the signature of the parent.
- 7. The written permission was missing the date on which the permission was signed.
- 8. The written permission was missing a statement notifying parents how their child will be transported.
- 9. Permission forms for routine trips were not being updated annually.

10. Written parental permission forms for field trips and/or routine trips were not being maintained on file for at least one year from the date of the trip.

11. Other: [ ].

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

## Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-10 Professional Development Requirements <u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

1. The child care staff member(s) had not completed at least six hours of professional development.

2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.

5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development

6. Other [ ].



Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/30/2024

#### Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-07 Administrator Responsibilities/Requirements <u>Code</u>: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 4, 5 below:

1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.

2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.

3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.

4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.

5. At least one individual's schedule was not current.

6. At least one individual's position or role did not include an applicable group assignment.

7. At least one individual's employment had not been end dated.

8. Other: [ ]

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/30/2024

## Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-08 Child Care Staff Member Educational Requirements <u>Code</u>: The program staff is required to have educational verification on file at the program.



<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number(s) 1 below:

1. Verification of completion of a high school education was not on file.

2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.

3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.

4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

Submit the program's corrective action plan, which includes a copy of the education verification, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/30/2024

# Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 1, 5 below.

1. A medical statement was not on file for at least one employee;

2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;

3. Date of examination was missing;

4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;

5. A statement was missing that verifies the employee is:

a. Physically fit for employment in a program caring for children;

b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);

c. Immunized against Measles, Mumps, and Rubella (MMR);

6. Tuberculosis (TB) screening/test information was missing:

a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.

b. Results of a TB test for employees meeting both criteria in 6a.

c. Results of additional testing for employees with a positive TB test.

d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.



Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/30/2024

## Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 10/, 13, 15 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.



# Domain: 10 Written Policies & Procedures

Rule: 5101:2-12-16 Written Disaster Plan

<u>Code</u>: The program is required to have a written disaster plan.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in number(s) 20 below:

Procedures:

1. The written disaster plan had not been completed

2. The plan was not provided to all child care staff and employees

3. The plan was not used to respond to an emergency or disaster situation

4. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes

5. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism

6. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.

7. Outbreaks, epidemics or other infectious disease emergencies

8. Loss of power, water, or heat

9. Other threatening situations that may pose a health or safety hazard to the children in the program Details:

10. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent

11. A designated safe site where staff and children can safely remain when evacuated.

12. Assisting infants, toddlers and children with special needs and/or health conditions

13. Emergency contact information for parents and the program

14. Procedures for notifying and communicating with parents regarding the location of the children if evacuated

15. Procedures for communicating with parents during loss of communications, no phone or internet service available

16. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place

17. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip

- 18. Making the plan available to all child care staff members and employees
- 19. Training of staff or reassignment of staff duties as appropriate

20. Updating the plan on a yearly basis; not updating according to rule change

21. Contact with local emergency management officials

Make the necessary revisions to the disaster plan. Submit the program's corrective action plan, which includes the revised information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/30/2024



# **Rules In-Compliance/Not Verified**

| Rule                                    | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| 5101:2-12-02 License Posted             | Compliant |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-02 Current Information        | Compliant |   |
|   |           |   |
| Dula                                    | Chature   |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-03 Inspection<br>Requirements | Compliant |   |
| Requirements                            |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Department        | Compliant |   |
| Inspection                              |           |   |
|   | 1         | I   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Fire Inspection      | Compliant | Documenting Statement: Please Note:       |
|   |           | Documentation of a fire inspection        |
|   |           | without any uncorrected violations must   |
|   |           | be secured for the program. Secure a      |
|   |           | new fire inspection by $6/11/25$ .        |
|   |           |   |
| Rule: 5101:2-12-04 Fire Inspection      | Compliant | Documenting Statement: Although the       |
|   |           | program had documentation of a current    |
|   |           | fire inspection without any uncorrected   |
|   |           | violations at the time of the licensing   |
|   |           | inspection, the program did not have the  |
|   |           | fire inspection completed within 12       |
|   |           | months from the date of the last fire     |
|   |           | inspection without any uncorrected        |
|   |           | violations. Please ensure that fire       |
|   |           |   |
|   |           | inspections are completed in accordance   |
|   |           | with the rule requirements.               |
|   |           | I   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service         | Compliant | Documenting Statement: The food servic    |
| Requirements                            |           | license was observed posted. Following is |
| -                                       |           | the audit number and date of expiration:  |
|   |           | 9982701. March 1, 2025.                   |
|   |           |   |



| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-12-07 Administrator          | Compliant |   |
| Qualifications                      |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program        | Compliant |   |
| Policies and Procedures             |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant |   |
| Whistle Blower Protection           |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the       |
| Requirements                        |           | inspection, the required documentation  |
|                                     |           | regarding background checks was on file |
|                                     |           | for all employees listed.               |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training        | Compliant |   |
| Requirements                        |           |   |
|                                     | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space           | Compliant |   |
| Requirements                        |           |   |
| · · ·                               |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space          | Compliant |   |
| Requirements                        | •         |   |
| ·                                   | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant |   |
| Environment                         |           |   |
|                                     | •         | · · · · · · · · · · · · · · · · · · ·   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing            | Compliant |   |
| Requirements                        |           |   |
| · · · · · · ·                       | 1         | 1                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           |   |



| 5101:2-12-13 Smoke Free<br>Environment                     | Compliant |   |
|--|-----------|---|
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-14 Transportation -<br>Driver Requirements | Compliant | Documenting Statement: The driver(s)<br>had completed the required ODJFS driver |
|  |           | training.   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation - Vehicle                      | Compliant |   |
| Requirements   |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Medical, Dental, and                          | Compliant |   |
| General Emergency Plan                                     | compilant |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Emergency Drills                              | Compliant |   |
|  | compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard                            | Compliant |   |
| Precautions  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of                                 | Compliant |   |
| Communicable Disease                                       |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury                               | Compliant |   |
| Reporting  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule                                | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Materials and<br>Equipment                    | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play                            | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity                              | Compliant |   |
| L  | <u> </u>  |   |



Department of Education Department of Job and Family Services

| Rule                                 | Status              | Documenting Statement(s), If applicable |
|--------------------------------------|---------------------|---|
| 5101:2-12-18 Ratio                   | Compliant           |   |
| 5101.2-12-18 Ratio                   | Compliant           |   |
|                                      | l                   | 1                                       |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size              | Compliant           |   |
|                                      | compliant           |   |
|                                      | I                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision             | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance          | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack          | Compliant           |   |
| Requirements                         |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant           |   |
|                                      |                     |   |
| Dula                                 | Chatura             |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant           |   |
| Handling/Storage                     |                     |   |
| Dulo                                 | Status              | Desumenting Statement(s) If any licely  |
| Rule                                 | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water      | Compliant           |   |
| Safety Requirements                  |                     |   |
| Dula                                 | Ctatus              |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Compliant           |   |
| Administration                       |                     |   |
|                                      |                     |   |
|                                      |                     |   |