

# **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      |  |  |
| JELLY BEAN JUNCTION LEARNING CENTER | 00000205163             |                 | Child Care Center |  |  |
|                                     |                         |                 |                   |  |  |
| Address                             |                         |                 | County            |  |  |
| 820 STATE ROUTE 50 MILFORD          |                         |                 | CLERMONT          |  |  |
| OH 45150                            |                         |                 |                   |  |  |
|                                     |                         |                 |                   |  |  |
|                                     |                         |                 |                   |  |  |
| Building Approval Date              | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |  |
| 02/13/2000                          | E with I-2              | 150             |                   |  |  |
| Fire Inspection Approval Date       | Food Service Risk Level |                 |                   |  |  |
| 10/19/2017                          | Level III               |                 |                   |  |  |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection Sc                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 07/28/2022 | Begin Time 9                   | :20 AM           | End Time 10:15 AM |              |
| Inspection Date 08/02/2022 | Begin Time 8                   | :50 AM           | End Time 12:15 PM |              |
| Reviewer:<br>KIM SUERMANN  |                                |                  |                   |              |
| Reviewer:<br>KIM SUERMANN  |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 1                              | 0                | 0                 | 1            |

| 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)                                 |                  | 12        | 0          | 12    |  |
| Young Toddler   |                  | 9         | 0          | 9     |  |
| Total Under 2 ½ Years                                     | 28               | 21        | 0          | 21    |  |
| Older Toddler   |                  | 6         | 0          | 6     |  |
| Preschool   |                  | 23        | 0          | 23    |  |
| School Age  |                  | 0         | 0          | 0     |  |



Department of Education Department of Job and Family Services

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|           | Staff-Child Ratios at the Time of Inspection |                |         |  |
|-----------|--|----------------|---------|--|
| Group     | Age Group/Range                              | Ratio Observed | Comment |  |
| Infant    | 0 to < 12 months                             | 2 to 8         | Day 1   |  |
| Infant    | 0 to < 12 months                             | 2 to 8         | Day 2   |  |
| Toddler   | 18 months to < 30 months                     | 2 to 12        | Day 1   |  |
| Toddler   | 18 months to < 30 months                     | 2 to 10        | Day 2   |  |
| Preschool | 3 years to < 4 years                         | 1 to 9         | Day 1   |  |
| Preschool | 3 years to < 4 years                         | 1 to 8         | Day 2   |  |
| Pre K     | 4 years to < 5 years                         | 1 to 9         | Day 1   |  |
| Pre K     | 4 years to < 5 years                         | 1 to 9         | Day 2   |  |

## **Summary of Non-Compliances**

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

## **Serious Risk Non-Compliances**

No Serious Risk Non-Compliances were observed during this inspection

#### Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection



## Low Risk Non-Compliances

## Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 4.

1. Date of examination;

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

- 3. A statement that verifies that 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);
- 4. Tuberculosis (TB) screening/test

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 4a;
- 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: 09/02/2022



# Rules In-Compliance/Not Verified

| Rule   | Status    | Documenting Statement(s), If applicable    |
|--|-----------|--|
| Rule: 5101:2-12-02 License Posted            | Compliant | Documenting Statement: The license was     |
|  |           | in a location visible to parents as        |
|  |           | required.                                  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-02 Current Information             | Compliant |  |
|  |           |  |
| Dula   | Chatura   |  |
| Rule   | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-03 Inspection                      | Compliant |  |
| Requirements                                 |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Building                  | Compliant | Documenting Statement: On the day of       |
| Department Inspection                        |           | the inspection, the program was            |
| Department inspection                        |           | operating in compliance with the current   |
|  |           |  |
|  |           | building approval(s).                      |
|  |           |  |
| 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 4/28/23.            |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-04 Food Service              | Compliant | Documenting Statement(s), in applicable    |
|  | Compliant | -  |
| Requirements                                 |           | license was observed posted. Following is  |
|  |           | the audit number and date of expiration:   |
|  |           | KWIS CBWK25, exp 3/1/23.                   |
|  |           | 1  |
| Rule   | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-05 Denial, Revocation and          | Compliant |  |
| Suspension                                   |           |  |
| Dula   | Status    | Decumenting States a set/a) if service bi- |
| Rule   | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-07 Administrator<br>Qualifications | Compliant |  |
|  | 1         |  |
| Rule   | Status    | Documenting Statement(s), If applicable    |
|  |           |  |



| Rule: 5101:2-12-07 Administrator   Responsibilities/Requirements   Rule   Rule: 5101:2-12-07 Written Program | Compliant<br>Status<br>Compliant | Documenting Statement: The<br>administrator's hours of availability to<br>meet with parents were posted in a<br>noticeable location. (7-4)Documenting Statement(s), If applicable<br>Documenting Statement: The written   |
|--|----------------------------------|---|
| Policies and Procedures  |                                  | policies and procedures reviewed on the day of the inspection were verified as complete.  |
| Rule   | Status                           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-08 Child Care Staff<br>Member Educational Requirements                                       | Compliant                        | Documenting Statement: All Child Care<br>Staff Members had verification of<br>educational requirements on file at the<br>program.   |
|  | -                                |   |
| Rule   | Status                           | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection  | Compliant                        |   |
| Rule   | Status                           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-09 Background Check<br>Requirements  | Compliant                        | Documenting Statement: During the<br>inspection, the required documentation<br>regarding background checks was on file<br>for all employees listed.   |
|  |                                  |   |
| Rule   | Status                           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-10 Health Training<br>Requirements   | Compliant                        | Documenting Statement: The program<br>had at least one Child Care Staff Member<br>with currently valid training in First Aid,<br>Management of Communicable Disease,<br>CPR, and Child Abuse Prevention present<br>and readily accessible during all hours of<br>operation. |
|  | -                                |   |

| Rule                      | Status    | Documenting Statement(s), If applicable |
|---------------------------|-----------|---|
| 5101:2-12-10 Professional | Compliant |   |
| Development Requirements  |           |   |

| Rule                      | Status    | Documenting Statement(s), If applicable |
|---------------------------|-----------|---|
| 5101:2-12-11 Indoor Space | Compliant |   |
| Requirements              |           |   |



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| Rule   | Status   | Documenting Statement(s), If applicable   |
|--|--|---|
| 5101:2-12-11 Separation of Children  | Compliant  |   |
| Under 2 1/2 Years  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Space   | Compliant  | Documenting Statement: The outdoor  |
| Requirements   |  | play area is separated from traffic and   |
|  |  | other hazards by a fence.   |
| Rule: 5101:2-12-11 Outdoor Space   | Compliant  | Documenting Statement: The quarterly  |
| Requirements   |  | playground inspections were completed   |
| Requirements   |  | and documented, as required. The most   |
|  |  | recent inspection report form was dated   |
|  |  | 4/4/22.   |
|  |  |   |
|  | ·  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play  | Compliant  | Documenting Statement: Outdoor  |
| Equipment  |  | equipment was viewed to be safe and   |
|  |  | free of rust, sharp points, and other   |
|  |  | hazards.  |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| Rule<br>Rule: 5101:2-12-11 Outdoor Play Fall   | Status<br>Compliant  | Documenting Statement(s), If applicable<br>Documenting Statement: The protective  |
|  |  |   |
| Rule: 5101:2-12-11 Outdoor Play Fall   |  | Documenting Statement: The protective   |
| Rule: 5101:2-12-11 Outdoor Play Fall   |  | Documenting Statement: The protective material used under outdoor equipment   |
| Rule: 5101:2-12-11 Outdoor Play Fall   |  | Documenting Statement: The protective<br>material used under outdoor equipment<br>was mulch.  |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones  | Compliant  | Documenting Statement: The protective material used under outdoor equipment   |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule  | Compliant  | Documenting Statement: The protective<br>material used under outdoor equipment<br>was mulch.<br>Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule  | Compliant  | Documenting Statement: The protective material used under outdoor equipment was mulch.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was   |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule<br>Rule: 5101:2-12-12 Safe Equipment   | Compliant<br>Status<br>Compliant   | Documenting Statement: The protective material used under outdoor equipment was mulch.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule<br>Rule: 5101:2-12-12 Safe Equipment<br>Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement: The protective material used under outdoor equipment was mulch.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule<br>Rule: 5101:2-12-12 Safe Equipment   | Compliant<br>Status<br>Compliant   | Documenting Statement: The protective material used under outdoor equipment was mulch.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   Documenting Statement(s), If applicable   Documenting Statement: A safe   |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule<br>Rule: 5101:2-12-12 Safe Equipment<br>Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement: The protective material used under outdoor equipment was mulch.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   Documenting Statement(s), If applicable   Documenting Statement: A safe   environment was observed during the   |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule<br>Rule: 5101:2-12-12 Safe Equipment<br>Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement: The protective material used under outdoor equipment was mulch.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   Documenting Statement(s), If applicable   Documenting Statement: A safe   environment was observed during the   inspection. Children were protected from   |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule<br>Rule: 5101:2-12-12 Safe Equipment<br>Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement: The protective material used under outdoor equipment was mulch.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   Documenting Statement(s), If applicable   Documenting Statement(s), If applicable   Documenting Statement(s), If applicable   Documenting Statement(s), If applicable   Documenting Statement: A safe   environment was observed during the   inspection. Children were protected from   items and conditions which threaten their                          |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule<br>Rule: 5101:2-12-12 Safe Equipment<br>Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement: The protective material used under outdoor equipment was mulch.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   Documenting Statement(s), If applicable   Documenting Statement(s), If applicable   Documenting Statement: A safe   environment was observed during the   inspection. Children were protected from                                       |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule<br>Rule: 5101:2-12-12 Safe Equipment<br>Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement: The protective material used under outdoor equipment was mulch.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   Documenting Statement(s), If applicable   Documenting Statement(s), If applicable   Documenting Statement(s), If applicable   Documenting Statement(s), If applicable   Documenting Statement: A safe   environment was observed during the   inspection. Children were protected from   items and conditions which threaten their                          |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule<br>Rule: 5101:2-12-12 Safe Equipment<br>Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement: The protective material used under outdoor equipment was mulch.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   Documenting Statement(s), If applicable   Documenting Statement(s), If applicable   Documenting Statement(s), If applicable   Documenting Statement: A safe environment was observed during the inspection. Children were protected from items and conditions which threaten their health, safety and well-being.   Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule<br>Rule: 5101:2-12-12 Safe Equipment<br>Rule: 5101:2-12-12 Safe Environment<br>Rule: 5101:2-12-13 Sanitary         | Compliant    Status   Compliant   Status   Compliant   | Documenting Statement: The protective material used under outdoor equipment was mulch.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   Documenting Statement(s), If applicable   Documenting Statement(s), If applicable   Documenting Statement: A safe   environment was observed during the   inspection. Children were protected from   items and conditions which threaten their   health, safety and well-being.   Documenting Statement(s), If applicable                                   |
| Rule: 5101:2-12-11 Outdoor Play Fall<br>Zones<br>Rule<br>Rule: 5101:2-12-12 Safe Equipment<br>Rule: 5101:2-12-12 Safe Environment<br>Rule: 5101:2-12-12 Safe Environment | Compliant    Status   Compliant   Status   Compliant   Status   Status   Status   Status   Status   Status   Status   Status | Documenting Statement: The protective material used under outdoor equipment was mulch.   Documenting Statement(s), If applicable   Documenting Statement: Equipment was observed to be in good condition.   Documenting Statement(s), If applicable   Documenting Statement(s), If applicable   Documenting Statement(s), If applicable   Documenting Statement: A safe environment was observed during the inspection. Children were protected from items and conditions which threaten their health, safety and well-being.   Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|---|



| Rule: 5101:2-12-13 Handwashing<br>Requirements       | Compliant           | Documenting Statement: A sink with running water was located in the classrooms.                              |
|--|---------------------|--|
| Rule<br>Rule: 5101:2-12-13 Smoke Free                | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Environment  | Compliant           | Documenting Statement: A notice was<br>observed posted stating that smoking is<br>prohibited at the program. |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Child Medical and<br>Enrollment Records | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 Medical/Physical                  | Compliant           | Documenting Statement: The program   |
| Care Plans   |                     | had current information on the medical   |
|  |                     | status and the required treatment plan   |
|  |                     | for the children with health conditions.   |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Medical, Dental,                  | Compliant           | Documenting Statement: On the day of   |
| and General Emergency Plan                           |                     | the inspection, the complete prescribed  |
|  |                     | JFS 01242 "Medical, Dental, and General<br>Emergency Plan For Child Care" were                               |
|  |                     | posted in the program as required.   |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Emergency Drills                  | Compliant           | Documenting Statement: Documentation   |
|  |                     | for completed fire, weather, and   |
|  |                     | emergency/lockdown drills was verified   |
|  |                     | during this inspection.  |
| Pulo   | Status              | Documenting Statement(c) If applicable   |
| Rule<br>Rule: 5101:2-12-16 First Aid/Standard        | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: During the                                 |
| Precautions  |                     | inspection, the program had two  |
|  |                     | complete first aid kits available.   |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Management of                     | Compliant           | Documenting Statement: The JFS 08087   |
| Communicable Disease                                 |                     | "Communicable Disease Chart" was   |
|  |                     | posted and was readily available to staff  |
|  |                     | and parents.   |
|  |                     |  |



| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| 5101:2-12-16 Incident/Injury          | Compliant |   |
| Reporting                             |           |   |
|                                       | •         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Written Disaster   | Compliant | Documenting Statement: The program's      |
| Plan                                  |           | written disaster plan was reviewed during |
|                                       |           | the inspection and met the requirements.  |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule     | Compliant | Documenting Statement: Daily schedules    |
| Rule: 5101.2-12-17 Daily Schedule     | Compliant | were observed posted.                     |
|                                       |           | were observed posted.                     |
|                                       | 1         | I   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Materials and            | Compliant |   |
| Equipment                             |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play       |
|                                       |           | was observed for the Toddlers group(s).   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity         | Compliant |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio              | Compliant | Documenting Statement: The Appendix A     |
|                                       |           | "Staff/Child Ratios, Age Grouping and     |
|                                       |           | Maximum Group Size" was posted in a       |
|                                       |           | noticeable area at the program as         |
|                                       |           | required.                                 |
|                                       |           | · · · · · · · · · · · · · · · · · · ·     |
| Rule: 5101:2-12-18 Ratio              | Compliant | Documenting Statement: Staff/child        |
|                                       |           | ratios observed during the inspection     |
|                                       |           | were in compliance.                       |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Group Size         | Compliant | Documenting Statement: The group sizes    |
|                                       |           | observed on the day of the inspection     |
|                                       |           | were in compliance.                       |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| ituic -                               | otatas    |   |



| Beginning!                               |           |  |
|--|-----------|--|
| Rule: 5101:2-12-18 Attendance<br>Records | Compliant | Documenting Statement: During the<br>inspection, attendance records were<br>reviewed. Child Care Staff Members were<br>viewed recording the attendance for each<br>child upon arrival and departure. All<br>attendance records met the requirements<br>of the rule and were kept with the group<br>at all times. |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
|  | Compliant | Documenting Statement: During the  |
| Rule: 5101:2-12-19 Supervision           |           | inspection, child care staff were observed   |
|  |           |  |
|  |           | assisting children throughout the day.   |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance              | Compliant |  |
|  | Compliant |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping            | Compliant |  |
|  | -         |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cribs                 | Compliant | Documenting Statement: All cribs were placed 2 feet apart.   |
| Rule: 5101:2-12-20 Cribs                 | Compliant | Documenting Statement: All cribs were  |
|  |           | labeled with the assigned infant's name.   |
|  |           |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-22 Meal and Snack        | Compliant | Documenting Statement: The menu  |
| Requirements                             |           | posted reflected the meal served. Lunch  |
|  |           | was observed on day two as cheese  |
|  |           |  |

|                                      |           | quesadilla, peas & carrots, corn and milk. |
|--------------------------------------|-----------|--|
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |  |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5101:2-12-22 Safe Food         | Compliant |   |
| Handling/Storage               |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant |   |



| Rule  | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| Rule: 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: All bottles were<br>warmed in accordance with the rule in a<br>bottle warmer.  |
| Rule: 5101:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: Infants were fe<br>in conformity with parent/guardian's<br>written, dated instructions.  |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-23 Diapering and Toilet<br>Training         | Compliant |   |
| Rule  | Status    | Decumenting Statement(c) If applicable  |
| Rule: 5101:2-12-25 Medication<br>Administration       | Compliant | Documenting Statement(s), If applicable     Documenting Statement: The program     had complete written documentation for     administering medication or food     supplements. |