

# **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      |                 | Pro | gram Type         |
| BEXLEY UNITED METHODIST PRESCHOOL | 000000400016        |                 | Chi | ld Care Center    |
|                                   |                     |                 |     |                   |
| Address                           |                     |                 | Cou | unty              |
| 2657 E BROAD ST COLUMBUS          |                     |                 | FRA | NKLIN             |
| ОН                                |                     |                 |     |                   |
| 43209                             |                     |                 |     |                   |
|                                   |                     |                 |     |                   |
| Building Approval Date            | Use Group/Code      | Occupancy Limit |     | Maximum Under 2 ½ |
|                                   |                     |                 |     |                   |
| Fire Inspection Approval Date     | Food Service Risk L | evel            |     |                   |
| 11/09/2023                        |                     |                 |     |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | оре              | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 02/14/2024             | 9:35 AM                        |                  | 11:25 AM          |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 02/15/2024             | 8:00 AM                        |                  | 9:46 AM           |              |
| Reviewer:              |                                |                  |                   |              |
| HEATHER WARES          |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| HEATHER WARES          |                                |                  |                   |              |
|                        |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57                     | 6                              | 0                | 1                 | 5            |

| License Capacity and Enrollment at the Time of Inspection |                  |                  |           |       |
|---|------------------|------------------|-----------|-------|
| Age Group   | License Capacity | acity 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   |                  | 8                | 52        | 60    |
| School Age  |                  | 0                | 0         | 0     |



Department of Education Department of Job and Family Services

| Total Capacity/Enrollment 92 | 8 | 52 | 60 |
|------------------------------|---|----|----|
|------------------------------|---|----|----|

| Staff-Child Ratios at the Time of Inspection |                      |                |         |
|--|----------------------|----------------|---------|
| Group  | Age Group/Range      | Ratio Observed | Comment |
| Sunshine                                     | 3 years to < 4 years | 2 to 9         |         |
| Balloon                                      | 3 years to < 4 years | 2 to 14        |         |
| Rainbow                                      | 3 years to < 4 years | 3 to 15        |         |
| Happy Face                                   | 3 years to < 4 years | 2 to 13        |         |

#### **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: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or had written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication or medical food or a prescription topical product to a child as noted in number(s) 21 below:



1. The JFS 01217 "Request for Administration of Medication for Child Care" was not on file for a medication, medical food, or prescription topical product that was not required by a JFS 1236 ""Child Medical/Physical Care Plan for Child Care"".

- 2. The child's name was missing on the JFS 01217.
- 3. The child's date of birth was missing on the JFS 01217 and was needed to determine the correct dosage.
- 4. The child's weight was missing on the JFS 01217 and was needed to determine the correct dosage.
- 5. The name of the medication was missing on the JFS 01217.
- 6. The exact dose was missing on the JFS 01217.
- 7. The time to administer was missing on the JFS 01217.
- 8. The time period to administer was missing on the JFS 01217.
- 9. The medication's expiration date was missing on the JFS 01217.
- 10. The Parent/Guardian's dated signature was missing on the JFS 01217.
- 11. Physician instructions were missing on the JFS 01217.
- 12. Possible side effects were missing on the JFS 01217.
- 13. Physician's dated signature was missing on the JFS 01217.
- 14. Physician's phone number was missing on the JFS 01217.
- 15. Date medication was administered was missing on the JFS 01217.
- 16. Time medication was administered was missing on the JFS 01217.
- 17. Dosage administered was missing on the JFS 01217.
- 18. Staff member's signature was missing on the JFS 01217.
- 19. A prescription label was not attached to the prescription medication.
- 20. The medication or product, [], was not brought to the program in its original container.
- 21. Parent instructions conflict with either the manufacturer or physician instructions.

Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/16/2024

#### Low Risk Non-Compliances

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.



 Finding: During the inspection, it was determined that children were not protected from item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) 1, 4 below:

 1. Surge protectors/outlets did not have childproof receptacle covers.

 2. Open pull cords that are not closed loop.

 3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.

 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.

 5. Stacked chairs.

- 6. Employee(s) purse(s).
- 7. Diaper bags.
- 8. Television not securely anchored.
- 9. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 10. Smoke detector needing batteries replaced.
- 11. An area rug did not have a nonskid backing.
- 12. An area rug presented a tripping hazard.
- 13. A floor surface that was unsafe in that [ ].
- 14. No platform was provided for the sink or toilet in the [ ] classroom.
- 15. The platform provided for the sink or toilet in the [ ] classroom was not sturdy.
- 16. The platform provided for the sink or toilet in the [ ] classroom posed a safety hazard in that [ ].
- 17. Telephone cords.
- 18. Staff member stepped over a barrier/gate while holding a child.
- 19. Emergency exits were blocked by the following classroom furniture: [ ].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. Other [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/16/2024

#### Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 2, 3 below:

1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.

2. First aid training was not completed within ninety days of hire.



- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/16/2024

### Domain: 08 Staff Files

Rule: 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: 03/16/2024

#### 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 have a completed medical on file at the program for each child enrolled.



Finding: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 2, 8 below: 1. No medical was on file for at least one child 2. Medical(s) on file was not updated every 13 months 3. Medical(s) were missing child's name and date of birth 4. Medical(s) were missing the date of the medical examination 5. The date of the exam was more than 13 months prior to the date the form was signed. 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule 10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions 11. Other [ ] Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/16/2024

# **Domain: 10 Written Policies & Procedures**

<u>Rule</u>: 5101:2-12-07 Written Program Policies and Procedures <u>Code</u>: The program's policies and procedures are required to include all topics outlined in rule.

<u>Finding</u>: During the inspection, it was determined the program's written policies and procedures provided to the parents/guardians and employees was missing item number(s) 15 below:

**General Information** 

- 1. Program name, address, email address and telephone number.
- 2. Description of the program's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- 4. Staff/child ratios and group size.
- 5. Opportunities for parent involvement in program activities.
- 6. Opportunities for parents to meet with teachers regarding their child.
- 7. Payment schedule, overtime charges and registration fees as applicable.



8. Supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

**Program Policies and Procedures** 

9. Enrollment including required enrollment information.

10. Care of children without immunizations.

11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.

12. Supervision of children, including a separate supervision policy for school-age children, if applicable.

13. Child guidance.

14. Suspension and expulsion.

15. Compliance with the Americans with Disabilities Act (ADA), including administering medication to children with disabilities and administering care procedures to children with disabilities.

16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice.)

17. Food and dietary policy, including, information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals and snacks, and a policy on providing supplemental food.

18. Management of illness including isolation precautions, symptoms for discharge and return and notification of parent of ill child.

19. Summary of procedures taken in the event of an emergency, serious illness or injury.

20. Administration of medication and topical products including medical foods, modified diets and whether school age children are permitted to carry their own medication and ointments.

21. Transportation for fieldtrips, routine trips (if applicable) and emergencies, including if the center will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.

22. Water activities/swimming.

23. Infant care, if applicable, including feeding, frequency of diaper checks and information about daily activities.

24. Sleeping, Napping and Resting.

25. Evening and overnight care, if applicable.

26. Policy on hours of operation including closing due to weather, school delays or closings and any other factors.

27. Situations that may require disenrollment of a child, if applicable.

28. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the child care program.

29. Formal screenings and assessments on enrolled children and if the program reports child level data to ODJFS pursuant to 5101:2-17-02 of the Administrative Code.

Revise the program's written policies and procedures to include the missing information. Submit the program's corrective action plan, which includes the revised written policies and procedures, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/16/2024



# Rules In-Compliance/Not Verified

| Rule                                     | Status              | Documenting Statement(s), If applicable   |
|--|---------------------|---|
| 5101:2-12-02 License Posted              | Compliant           |   |
| L  |                     |   |
| Dula                                     | Chatura             | Decumenting Statement(s) If emplicable    |
| Rule<br>5101:2-12-02 Current Information | Status<br>Compliant | Documenting Statement(s), If applicable   |
| 5101:2-12-02 Current Information         | Compliant           |   |
|  | 15                  |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-03 Inspection                  | Compliant           |   |
| Requirements                             |                     |   |
|  | 20                  |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Department         | Compliant           |   |
| Inspection                               |                     |   |
|  |                     |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Fire Inspection             | Compliant           |   |
|  |                     |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service          | Compliant           | Documenting Statement(s), if applicable   |
| Requirements                             | Compilant           | license was observed posted. Following is |
|  |                     | the audit number and date of expiration:  |
|  |                     | EPEE-CP9KA3 3/1/24.                       |
|  |                     |   |
|  |                     |   |
| 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 Administrator               | Compliant           |   |
| Responsibilities/Requirements            |                     |   |
|  |                     |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-08 Medical Statement     | Compliant           | Documenting Statement: All employees      |
|  |                     | had current medical statements on file.   |



| Rule   | Status            | Documenting Statement(s), If applicable   |
|--|-------------------|---|
| Rule: 5101:2-12-08 Orientation                           | Compliant         | Documenting Statement(s), if applicable<br>Documenting Statement: On the day of |
|  | Compliant         | the inspection, all child care staff  |
| Training & Whistle Blower Protection                     |                   |   |
|  |                   | members had met orientation training  |
|  |                   | requirements.   |
| D.L.   | Contract Contract |   |
| 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   |
| 5101:2-12-11 Indoor Space                                | Compliant         |   |
| Requirements   |                   |   |
| Rule   | Status            | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Space                         | Compliant         | Documenting Statement: The quarterly  |
| Requirements   |                   | playground inspections were completed   |
|  |                   | and documented, as required.  |
|  |                   |   |
| Rule   | Status            | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play                          | Compliant         | Documenting Statement: Outdoor  |
| ,<br>Equipment   | •                 | equipment was viewed to be safe and   |
| - 1  |                   | free of rust, sharp points, and other   |
|  |                   | hazards.  |
|  |                   |   |
| Rule   | Status            | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play Fall                     | Compliant         | Documenting Statements, in applicable   |
| Zones  |                   | material used under outdoor equipment   |
| 201165   |                   | was poured rubber.  |
|  |                   | was poured rubber.  |
| Dula   | Chatura           |   |
| Rule   | Status            | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-12 Safe Equipment                        | Compliant         | Documenting Statement: Equipment was  |
|  |                   | observed to be in good condition.   |
|  |                   |   |
| Rule   | Status            | Documenting Statement(s), If applicable   |
|  | Compliant         | Documenting Statement: On the day of  |
| Rule: 5101:2-12-13 Sanitary                              |                   |   |
| Rule: 5101:2-12-13 Sanitary<br>Equipment and Environment |                   | the inspection, the program provided a  |



|  | Appendix A of this rule, which included the furniture, materials and equipment. |
|--|---|
|  |   |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and        |
| Requirements                   | 3         | children were observed washing hands as |
|                                |           | required by the rule.                   |
|                                |           |   |

| Rule   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| Rule: 5101:2-12-13 Smoke Free<br>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   |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The program  |
| Field Trip Procedures                 |           | uses the ODJFS sample trip permission<br>form for [routine/field] trips to secure |
|                                       |           | written permission from parents or  |
|                                       |           | guardians.  |
|                                       |           |   |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-12-15 Medical/Physical Care | Compliant |   |
| Plans                              |           |   |

| Rule  | Status    | Documenting Statement(s), If applicable   |
|---|-----------|---|
| Rule: 5101:2-12-16 Medical, Dental,<br>and General Emergency Plan | Compliant | Documenting Statement: On the day of<br>the inspection, the complete prescribed<br>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    |
| 1.00 m.                             |           | for completed fire, weather, and        |
|                                     |           | emergency/lockdown drills was verified  |
|                                     |           | during this inspection.                 |
|                                     |           |   |

| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the       |
| Precautions                           |           | inspection, the program had complete    |
|                                       |           | first aid kits available as required.   |
|                                       |           |   |



| 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: Annual training    |
| Plan                                  |                     | of the written disaster plan was          |
|                                       |                     | completed by staff.                       |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule     | Compliant           | Documenting Statement: During the         |
|                                       |                     | inspection, developmentally-appropriate   |
|                                       |                     | practices were observed in the            |
|                                       |                     | classroom(s).                             |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and      | Compliant           | Documenting Statement: Sufficient         |
| Equipment                             |                     | equipment was observed in all categories. |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant           | Documenting Statement: Outdoor play       |
|                                       |                     | was observed for the Balloon group(s).    |
| L                                     |                     | I   |
| Rule                                  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity         | Compliant           |   |
|                                       |                     |   |
|                                       | 1                   |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Ratio                    | Compliant           |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement/s) If applicable    |
| 5101:2-12-18 Group Size               | Status<br>Compliant | Documenting Statement(s), If applicable   |
| 3101.2-12-10 010up 312e               |                     |   |
| L                                     | 1                   |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Attendance         | Compliant           | Documenting Statement: During the         |
| Records                               |                     | inspection, attendance records were       |
|                                       | A                   |   |



| reviewed. Child Care Staff Members were  |
|--|
| viewed recording the attendance for each |
| child upon arrival and departure. All    |
| attendance records met the requirements  |
| of the rule and were kept with the group |
| at all times.                            |
|  |

| Rule                           | Status    | Documenting Statement(s), If applicable   |
|--------------------------------|-----------|---|
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff<br>Members were supervising the children<br>and were able to intervene as needed. |

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate      |
|                                   |           | child guidance techniques and practices |
|                                   |           | were observed being used during the     |
|                                   |           | inspection.                             |
|                                   |           |   |

| Rule                          | Status    | Documenting Statement(s), If applicable |
|-------------------------------|-----------|---|
| 5101:2-12-20 Cots and Napping | Compliant |   |

| Rule                              | Status    | Documenting Statement(s), If applicable   |
|-----------------------------------|-----------|---|
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Meals were         |
| Requirements                      |           | provided at intervals as required by this |
|                                   |           | rule.                                     |
|                                   |           | 17 Provension (                           |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-22 Fluid Milk Requirements | Compliant |   |

| Rule   | Status    | Documenting Statement(s), If applicable                            |
|--|-----------|--|
| Rule: 5101:2-12-22 Safe Food<br>Handling/Storage | Compliant | Documenting Statement: Sack lunches were stored in insulated bags. |
| Handling/Storage                                 |           | were stored in insulated bags.                                     |

| Rule                            | Status       | Documenting Statement(s), If applicable |
|---------------------------------|--------------|---|
| 5101:2-12-24 Swimming and Water | Not Verified |   |
| Safety Requirements             |              |   |

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care   |
| Member Educational Requirements     |           | Staff Members had verification of       |
|                                     |           | educational requirements on file at the |
|                                     |           | program.                                |

