

# **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 Deta   | ails                    |                      |  |
|--|----------------|-------------------------|----------------------|--|
| Program Name                                 | Program Number |                         | Program Type         |  |
| SAND HILL CHILD CARE CENTER                  | 000000402547   |                         | Child Care Center    |  |
| Address 33 CORNERVILLE RD. MARIETTA OH 45750 |                |                         | County<br>WASHINGTON |  |
|  |                | T                       |                      |  |
| Building Approval Date                       | Use Group/Code | Occupancy Limit         | Maximum Under 2 ½    |  |
| Fire Inspection Approval Date                |                | Food Service Risk Level |                      |  |
| 05/08/2024                                   | Level II       |                         |                      |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | соре             | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 07/18/2024             | 9:00 AM                        |                  | 1:00 PM           |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 07/22/2024             | 10:15 AM                       |                  | 11:00 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| BEVERLY JAMES          |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| BEVERLY JAMES          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 7                              | 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)                                 |                  | 5          | 0         | 5     |
| Young Toddler   |                  | 6          | 0         | 6     |
| Total Under 2 ½ Years                                     | 14               | 11         | 0         | 11    |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 16         | 0         | 16    |
| School Age  |                  | 0          | 0         | 0     |

| Total Capacity/Enrollment 36 18 0 29 |
|--------------------------------------|
|--------------------------------------|

|                 | Staff-Child Ratios at the Time of Inspection |                |  |  |  |
|-----------------|--|----------------|--|--|--|
| Group           | Age Group/Range                              | Ratio Observed | Comment                                      |  |  |
| Infant          | 0 to < 12 months                             | 1 to 3         | arrival                                      |  |  |
| Infant          | 0 to < 12 months                             | 1 to 4         |  |  |  |
| Early Preschool | 30 months to < 36 months                     | 1 to 6         | YT and EPS<br>combined at<br>arrival outside |  |  |
| Early Preschool | 30 months to < 36 months                     | 1 to 5         | YT and EPS combined nap                      |  |  |
| Preschool       | 3 years to < 4 years                         | 1 to 7         | nap  |  |  |
| Preschool       | 3 years to < 4 years                         | 1 to 5         | Arrival outside                              |  |  |

# **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) 7,30,31,33,39 below:

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: 08/21/2024

#### **Low Risk Non-Compliances**

#### **Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-12-13 Sanitary Equipment and Environment

<u>Code</u>: The program is required to provide equipment and materials that are easy to clean.

<u>Finding</u>: During the inspection, it was determined that at least one piece of equipment, furnishings, or material at the program was not constructed of materials to facilitate cleaning as noted in number(s) 1 below:

- 1. The material had a tear. (Changing Pad and red chair in infant room)
- 2. The material was not washable.
- 3. The material was porous.
- 4. The surface was cracked.
- 5. The surface was repaired, but in a manner that still did not facilitate cleaning.
- 6. Other [ ].

Equipment, furnishings, and furniture shall be constructed of materials to facilitate cleaning. 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: 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.

<u>Finding</u>: 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) 12 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. (EPS)
- 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: 08/21/2024

**Domain: 07 Diapering & Infant Care** 

Rule: 5101:2-12-23 Infant Bottle and Food Preparation

<u>Code</u>: The program staff is required to label bottles containing formula or breast milk.

<u>Finding</u>: During the inspection, it was determined that bottles containing breast milk for a particular infant were not labeled with the child's name and date of preparation. 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**

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: 08/21/2024

#### **Domain: 08 Staff Files**

Rule: 5101:2-12-08 Medical Statement

Code: 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) 3 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: 08/21/2024

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program staff is required to obtain signed written permission prior to administering topical products and lotions other than hand sanitizer to be used by children older than twenty-four months and lip balm.

<u>Finding</u>: During the inspection, it was determined the program did not obtain signed written permission from the parent prior to administering topical products and lotions, other than hand sanitizer to be used by children older than twenty-four months and lip balm. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/21/2024

**Domain: 09 Children's Files** 

Rule: 5101:2-12-25 Medication Administration

Code: The program is required to store medical foods and topical products out of the reach of children.

<u>Finding</u>: During the inspection, it was determined that a medical food or topical product, Hello Baby Sunscreen, was within the reach of children in the hallway. 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: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to have medication, medical foods and topical products labeled with the child's name.

<u>Finding</u>: During the inspection, it was determined that a medication, medical food or topical product was at the program which had not been labeled with the child's name. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/21/2024

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

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-02 License Posted | Compliant |   |
|                             | I         |   |

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

| Beginning!                          |           |   |
|-------------------------------------|-----------|---|
| 5101:2-12-02 Current Information    | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-03 Inspection             | Compliant | <u> </u>                                  |
| Requirements                        |           |   |
| Requirements                        |           |   |
| Dul                                 | Chahara   | D   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Department    | Compliant |   |
| Inspection                          |           |   |
|                                     |           |   |
| 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 5/8/25             |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service     | Compliant | Documenting Statement: The food service   |
| Requirements                        |           | license was observed posted. Following is |
|                                     |           | the audit number and date of expiration:  |
|                                     |           | SHAS-9R3RLK Exp 3/1/25                    |
|                                     |           | 3111 10 311011ER EXP 3/ 1/ 23             |
| L                                   |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
|                                     |           | Documenting Statement(s), if applicable   |
| 5101:2-12-05 Denial, Revocation and | Compliant |   |
| Suspension                          |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator          | Compliant |   |
| Qualifications                      |           |   |
| <u> </u>                            | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator          |           | bocamenting statement(s), it applicable   |
|                                     | Compliant |   |
| Responsibilities/Requirements       |           |   |
|                                     |           |   |
| 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         |
| _                                   | Compilant | -   |
| Requirements                        |           | inspection, the required documentation    |
|                                     |           | regarding background checks was on file   |
|                                     |           | for all employees listed.                 |
| <b>1</b> 1                          |           |   |
|                                     |           |   |

| Rule                                 | Status    | Documenting Statement(s), If applicable                                      |
|--------------------------------------|-----------|--|
| Rule: 5101:2-12-10 Health Training   | Compliant | Documenting Statement: The program   |
| Requirements                         | ·         | had at least one Child Care Staff Member                                     |
|                                      |           | with currently valid training in First Aid,                                  |
|                                      |           | Management of Communicable Disease,  |
|                                      |           | CPR, and Child Abuse Prevention present                                      |
|                                      |           | and readily accessible during all hours of                                   |
|                                      |           | operation.   |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                      |
| 5101:2-12-11 Indoor Space            | Compliant | 200minum gotatement (a) in applicable  |
| Requirements                         |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                      |
| 5101:2-12-11 Separation of Children  | Compliant |  |
| Under 2 1/2 Years                    |           |  |
| Rule                                 | Status    | Documenting Statement(c) If applicable                                       |
| Rule: 5101:2-12-11 Outdoor Space     | Compliant | Documenting Statement(s), If applicable  Documenting Statement: Outdoor play |
| Requirements                         | Compilant | was observed for the eps and ps group(s).                                    |
| Requirements                         |           | was observed for the eps and ps group(s).                                    |
| Rule: 5101:2-12-11 Outdoor Space     | Compliant | Documenting Statement: The quarterly   |
| Requirements                         | ·         | playground inspections were completed  |
|                                      |           | and documented, as required. The most  |
|                                      |           | recent inspection report form was dated                                      |
|                                      |           | 6/29/24  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                      |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant | Bocumenting statement(s), if applicable                                      |
| 3101.2 12 11 Outdoor Flay Equipment  | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                      |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                      |
| 5101:2-12-12 Safe Equipment          | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                      |
| 5101:2-12-13 Handwashing             | Compliant | (-),   |
| Requirements                         | ·         |  |
|                                      | <u> </u>  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable                                      |
| 5101:2-12-13 Smoke Free              | Compliant |  |
| Environment                          |           |  |
|                                      |           |  |

| 0.1                                   | C         |   |
|---------------------------------------|-----------|---|
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant |   |
| Trip Procedures                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and        | Compliant |   |
| Enrollment Records                    |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and     | Compliant |   |
| General Emergency Plan                |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills         | 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            | Compliant |   |
| Equipment                             |           |   |
|                                       |           |   |
| 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 |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                    | Compliant |   |
|                                       |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |

| 5101:2-12-18 Group Size              | Compliant |  |
|--------------------------------------|-----------|--|
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records      | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision             | Compliant |  |
| Rule                                 | Status    | Decumenting Statement/s) If applicable   |
| 5101:2-12-19 Child Guidance          |           | Documenting Statement(s), If applicable  |
| 5101.2-12-19 Clilla Galdance         | Compliant |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping        | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cribs                   | 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 |  |
|                                      |           |  |
| 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 | 0  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Diapering and Toilet    | Compliant |  |
| Training                             |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Child Care Staff Member | Compliant | bootimenting statement(s), if applicable |
| Educational Requirements             | Compilant |  |
|                                      |           | <u> </u>                                 |
|                                      |           |  |