

# **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        |  |
| MILLERSBURG HEAD START            | 000000409943            |                 | Child Care Center   |  |
|                                   |                         |                 |                     |  |
| Address                           |                         |                 | County              |  |
| 224 NORTH CLAY STREET MILLERSBURG |                         |                 | HOLMES              |  |
| OH 44654                          |                         |                 |                     |  |
|                                   |                         |                 |                     |  |
|                                   | 1                       | 1               |                     |  |
| Building Approval Date            | Use Group/Code          | Occupancy Limit | Maximum Under 2 1/2 |  |
| 08/26/2006                        | E                       | 108             | 0                   |  |
| Fire Inspection Approval Date     | Food Service Risk Level |                 |                     |  |
| 01/29/2023                        | Level III               |                 |                     |  |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 10/25/2023 | Begin Time 1                   | .1:38 AM         | End Time 4:40 PM  |              |
| Reviewer:                  |                                |                  |                   |              |
| MICHELE FAKAN              |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 3                              | 0                | 0                 | 3            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 ½ Years                                     | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 34         | 17        | 51    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 60               | 34         | 17        | 51    |

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



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| room 5601 | Mixed Age Group | 2 to 16 | outside play |
|-----------|-----------------|---------|--------------|
| room 5601 | Mixed Age Group | 2 to 16 |              |
| room 5603 | Mixed Age Group | 2 to 15 |              |
| room 5603 | Mixed Age Group | 2 to 15 | lunch        |
| room 5603 | Mixed Age Group | 2 to 15 |              |
| room 5606 | Mixed Age Group | 2 to 16 |              |
| room 5606 | Mixed Age Group | 2 to 16 |              |
| room 5606 | Mixed Age Group | 2 to 16 |              |

### **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

No Moderate Risk Non-Compliances were observed during this inspection



## Low Risk Non-Compliances

### Domain: 06 Program Information

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

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

<u>Finding</u>: In review of the program's records, it was determined that requirements for written permission from the parent/guardian for a field trip or routine trip were not met as listed in number 5 below:

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

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

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

11. Other: [ ].

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

### **Domain: 06 Program Information**

Rule: 5101:2-12-14 Transportation - Driver Requirements

<u>Code</u>: The program is required to have all drivers be an employee of the program, a public transportation driver, or employed by a contracted transportation service company and retain a copy of all licenses for drivers employed by the program.

<u>Finding</u>: During the inspection, it was determined that the requirements for drivers was not met as listed in number 2 below:

1. The driver(s) noted on the Employee Record Chart used for trips did not have a copy of a current driver's license on file.



2. At least one employee who is responsible for transporting children did not have documentation of completion of the prescribed driver training on file.

3. The driver used to transport children was not an employee of the program, a public transportation driver, or employed by a company contracted to provide transportation service.

Remove this individual from transporting children until the requirements are met. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/24/2023

### 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 numbers 5 and 6 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: 11/24/2023



| Status              | Documenting Statement(s), If applicable  |
|---------------------|--|
| Compliant           |  |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
|                     |  |
| compliant           |  |
| Status              | Desumenting Statement(c) If applicable   |
|                     | Documenting Statement(s), If applicable  |
| Compliant           |  |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           |  |
|                     |  |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
| 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 1/29/2024.  |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           | Documenting Statement: The food service  |
|                     | license was observed posted. Following is  |
|                     | the audit number and date of expiration:   |
|                     | #9955337 and expires 3/1/2024.   |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           |  |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
|                     |  |
|                     |  |
| 1                   |  |
|                     |  |
| Status              | Documenting Statement(s), If applicable  |
| Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: The written  |
|                     |  |
|                     | Documenting Statement: The written   |
|                     | Documenting Statement: The written policies and procedures reviewed on the   |
|                     | Compliant Status |



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|--------------------------------------|---------------------|--|
| Rule                                 | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-08 Medical Statement       | Compliant           |  |
|                                      |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-08 Orientation Training &  | Compliant           | Documenting statement(s), if applicable      |
| Whistle Blower Protection            | Compliant           |  |
| Whistle Blower Protection            |                     |  |
| Rule                                 | Status              | Desumenting Statement(s) If anylischie       |
| 5101:2-12-09 Background Check        | Status<br>Compliant | Documenting Statement(s), If applicable      |
| -                                    | Compliant           |  |
| Requirements                         |                     |  |
| Rule                                 | Status              | Desumanting Statement(c) If applicable       |
| 5101:2-12-10 Professional            | Compliant           | Documenting Statement(s), If applicable      |
|                                      | Compliant           |  |
| Development Requirements             | 1                   |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-11 Indoor Space            | Compliant           |  |
| Requirements                         |                     |  |
| Requirements                         |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-11 Outdoor Space           | Compliant           |  |
| Requirements                         | compliant           |  |
| Requirements                         |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant           | bocumenting statement(s), it applied sie     |
|                                      |                     |  |
|                                      | •                   |  |
| 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           |  |
|                                      |                     |  |
| Dula                                 | Chatura             | Descriptions Chatters and (-) of any list ha |
| Rule                                 | Status<br>Compliant | Documenting Statement(s), If applicable      |
| 5101:2-12-12 Safe Environment        | Compliant           |  |
| L                                    |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-13 Sanitary Equipment and  | Compliant           |  |
| Environment                          |                     |  |
|                                      | I                   |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable      |
| 5101:2-12-13 Handwashing             | Compliant           |  |
| Requirements                         |                     |  |
| Requirements                         |                     |  |
| Rule                                 | Status              | Documenting Statement(s), If applicable      |
| Nule                                 | Status              | bocumenting statement(s), if applicable      |



| 5101:2-12-13 Smoke Free<br>Environment  | Compliant  |   |
|---|--|---|
|   | 1 -  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Toothbrushing  | Compliant  |   |
| Requirements  |  |   |
|   | 1  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-14 Transportation - Vehicle   | Compliant  |   |
| Requirements  |  |   |
|   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Child Medical and  | Compliant  | Documenting Statement: At the time of   |
| Enrollment Records  |  | the inspection, 25% of the children's   |
|   |  | records were reviewed, and the records  |
|   |  | were complete, as required by the rule.   |
|   |  |   |
| Rule: 5101:2-12-15 Child Medical and  | Compliant  | Documenting Statement: In review of   |
| Enrollment Records  |  | 25% of the records, at the time of the  |
|   |  | inspection, children's medical statements   |
|   |  | were complete and on file, as required by   |
|   |  | the rule.   |
|   |  |   |
|   |  |   |
|   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| Rule<br>Rule: 5101:2-12-15 Medical/Physical   | Status<br>Compliant  | Documenting Statement(s), If applicable<br>Documenting Statement: The program   |
|   |  |   |
| Rule: 5101:2-12-15 Medical/Physical   |  | Documenting Statement: The program<br>had current information on the medical  |
| Rule: 5101:2-12-15 Medical/Physical   |  | Documenting Statement: The program  |
| Rule: 5101:2-12-15 Medical/Physical   |  | Documenting Statement: The program<br>had current information on the medical<br>status and the required treatment plan  |
| Rule: 5101:2-12-15 Medical/Physical   |  | Documenting Statement: The program<br>had current information on the medical<br>status and the required treatment plan  |
| Rule: 5101:2-12-15 Medical/Physical   |  | Documenting Statement: The program<br>had current information on the medical<br>status and the required treatment plan<br>for the children with health conditions.  |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans   | Compliant  | Documenting Statement: The program<br>had current information on the medical<br>status and the required treatment plan  |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans<br>Rule   | Compliant  | Documenting Statement: The program<br>had current information on the medical<br>status and the required treatment plan<br>for the children with health conditions.  |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans<br>Rule<br>5101:2-12-16 Medical, Dental, and  | Compliant  | Documenting Statement: The program<br>had current information on the medical<br>status and the required treatment plan<br>for the children with health conditions.  |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans<br>Rule<br>5101:2-12-16 Medical, Dental, and<br>General Emergency Plan  | Compliant  | Documenting Statement: The program         had current information on the medical         status and the required treatment plan         for the children with health conditions.         Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans           Rule           5101:2-12-16 Medical, Dental, and<br>General Emergency Plan           Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement: The program<br>had current information on the medical<br>status and the required treatment plan<br>for the children with health conditions.  |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans<br>Rule<br>5101:2-12-16 Medical, Dental, and<br>General Emergency Plan  | Compliant<br>Status<br>Compliant   | Documenting Statement: The program         had current information on the medical         status and the required treatment plan         for the children with health conditions.         Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans           Rule           5101:2-12-16 Medical, Dental, and<br>General Emergency Plan           Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement: The program         had current information on the medical         status and the required treatment plan         for the children with health conditions.         Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans           Rule           5101:2-12-16 Medical, Dental, and<br>General Emergency Plan           Rule   | Compliant<br>Status<br>Compliant<br>Status   | Documenting Statement: The program         had current information on the medical         status and the required treatment plan         for the children with health conditions.         Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical Care Plans         Rule         5101:2-12-16 Medical, Dental, and General Emergency Plan         Rule         5101:2-12-16 Emergency Drills   | Compliant<br>Status<br>Compliant<br>Status<br>Compliant  | Documenting Statement: The program         had current information on the medical         status and the required treatment plan         for the children with health conditions.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical         Care Plans         Rule         5101:2-12-16 Medical, Dental, and         General Emergency Plan         Rule         5101:2-12-16 Emergency Drills         Rule         Rule   | Compliant Status Compliant Status Compliant Status Status Status   | Documenting Statement: The program         had current information on the medical         status and the required treatment plan         for the children with health conditions.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical         Care Plans         Rule         5101:2-12-16 Medical, Dental, and         General Emergency Plan         Rule         5101:2-12-16 Emergency Drills         Rule         5101:2-12-16 First Aid/Standard  | Compliant Status Compliant Status Compliant Status Status Status   | Documenting Statement: The program         had current information on the medical         status and the required treatment plan         for the children with health conditions.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical         Care Plans         Rule         5101:2-12-16 Medical, Dental, and         General Emergency Plan         Rule         5101:2-12-16 Emergency Drills         Rule         5101:2-12-16 First Aid/Standard         Precautions                                  | Compliant Status Compliant Status Compliant Status Status Status   | Documenting Statement: The program         had current information on the medical         status and the required treatment plan         for the children with health conditions.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans         Rule         5101:2-12-16 Medical, Dental, and<br>General Emergency Plan         Rule         5101:2-12-16 Emergency Drills         Rule         5101:2-12-16 First Aid/Standard<br>Precautions         Rule                                    | Compliant          Status         Compliant         Status         Compliant         Status         Compliant         Status         Status | Documenting Statement: The program         had current information on the medical         status and the required treatment plan         for the children with health conditions.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans         Rule         5101:2-12-16 Medical, Dental, and<br>General Emergency Plan         Rule         5101:2-12-16 Emergency Drills         Rule         5101:2-12-16 First Aid/Standard<br>Precautions         Rule         5101:2-12-16 Management of | Compliant Status Compliant Status Compliant Status Compliant Status Compliant  | Documenting Statement: The program         had current information on the medical         status and the required treatment plan         for the children with health conditions.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans         Rule         5101:2-12-16 Medical, Dental, and<br>General Emergency Plan         Rule         5101:2-12-16 Emergency Drills         Rule         5101:2-12-16 First Aid/Standard<br>Precautions         Rule                                    | Compliant          Status         Compliant         Status         Compliant         Status         Compliant         Status         Status | Documenting Statement: The program         had current information on the medical         status and the required treatment plan         for the children with health conditions.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans         Rule         5101:2-12-16 Medical, Dental, and<br>General Emergency Plan         Rule         5101:2-12-16 Emergency Drills         Rule         5101:2-12-16 First Aid/Standard<br>Precautions         Rule         5101:2-12-16 Management of | Compliant          Status         Compliant         Status         Compliant         Status         Compliant         Status         Status | Documenting Statement: The program         had current information on the medical         status and the required treatment plan         for the children with health conditions.         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         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: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's      |
| Plan                                | compliant | written disaster plan was reviewed during |
| Pidli                               |           |   |
|                                     |           | the inspection and met the requirements.  |
|                                     |           |   |
|                                     |           |   |
| 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 |   |
| SIOLZ-12-17 Daily Outdoor Play      | Compliant |   |
|                                     |           |   |
| Rule                                | Status    | Decumenting Statement/s) If applicable    |
|                                     |           | 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     |
|                                     |           | C i                                       |
|                                     |           | were in compliance.                       |
|                                     |           |   |
|                                     |           |   |
| 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 |   |
|                                     |           |   |
|                                     |           |   |



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| Rule                                 | Status    | Documenting Statement(s), If applicable     |
|--------------------------------------|-----------|---|
| 5101:2-12-19 Supervision             | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Decumenting Statement(c) If applicable      |
| 5101:2-12-19 Child Guidance          | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-19 Child Guidance          | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-22 Meal and Snack    | Compliant | Documenting Statement(s), in applicable     |
|                                      | Compliant | -   |
| Requirements                         |           | provided at intervals as required by this   |
|                                      |           | rule.                                       |
| Rule: 5101:2-12-22 Meal and Snack    | Compliant | Documenting Statement: The menu             |
| Requirements                         |           | posted reflected the meal served.           |
|                                      |           |   |
| Rule: 5101:2-12-22 Meal and Snack    | Compliant | Documenting Statement: Snacks served a      |
| Requirements                         |           | the program included foods from two of      |
|                                      |           | the four food groups and provided           |
|                                      |           | nutritional value in addition to calories.  |
| Rule: 5101:2-12-22 Meal and Snack    | Compliant | Documenting Statement: Snacks were          |
| Requirements                         | compliant | provided at intervals as required by this   |
| Requirements                         |           | rule.                                       |
|                                      |           |   |
| Dula                                 | Status    | Desumenting (Asternovst(s)) If any line his |
| 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     |
| 5101:2-12-25 Medication              | Compliant |   |
| Administration                       |           |   |
|                                      | ·         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Child Care Staff Member | Compliant |   |
| Educational Requirements             |           |   |
|                                      |           |   |
|                                      |           |   |