

# **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 Det         | ails            |                   |
|--|---------------------|-----------------|-------------------|
| Program Name                                     | Program Number      |                 | Program Type      |
| ASHLAND HEAD START CENTER                        | 000000411049        |                 | Child Care Center |
| Address<br>527 E. LIBERTY ST ASHLAND<br>OH 44805 |                     |                 | County<br>ASHLAND |
| Building Approval Date                           | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 12/12/2022         | Food Service Risk L | evel            |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection Sc                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 10/18/2023 | Begin Time 9                   | :00 AM           | End Time 2:00 PM  |              |
| Reviewer:                  | Reviewer:                      |                  |                   |              |
| DIANE TRACZYK              |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 3                              | 0                | 1                 | 2            |

| 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   |                  | 35        | 0          | 35    |
| School Age  |                  | 0         | 0          | 0     |
| Total Capacity/Enrollment                                 | 52               | 35        | 0          | 35    |

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

| 5204 | 3 years to < 4 years | 2 to 15 | 1st           |
|------|----------------------|---------|---------------|
| 5204 | 3 years to < 4 years | 4 to 15 | 3rd - lunch   |
| 5204 | 3 years to < 4 years | 2 to 15 | 2nd - outside |
| 5203 | 3 years to < 4 years | 2 to 16 | 2nd nap       |
| 5203 | 3 years to < 4 years | 2 to 16 | 1st           |

## **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.

|   | Sorious Pick Non Compliances   |
|---|--|
| _ | 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 1 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: 11/17/2023

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

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection

<u>Code</u>: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number 1 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member
- 2. Documentation of completing the training after December 31, 2016 was not on file.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 11/17/2023

Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in numbers 4, 7 & 13 below.

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

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

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

| Rule                              | Status    | Documenting Statement(s), If applicable  |
|-----------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was in a location visible to parents as required. |
|                                   |           |  |

| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|--|
| 5101:2-12-02 Current Information    | Compliant |  |
|                                     | •         |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-03 Inspection             | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-04 Building Department    | Compliant |  |
| Inspection                          |           |  |
|                                     |           | <u>.</u>                                 |
| 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 12/12/23.         |
|                                     |           |  |
| Rule: 5101:2-12-04 Fire Inspection  | Compliant | Documenting Statement: Although the      |
|                                     |           | program had documentation of a current   |
|                                     |           | fire inspection without any uncorrected  |
|                                     |           | violations at the time of the licensing  |
|                                     |           | inspection, the program did not have the |
|                                     |           | fire inspection completed within 12      |
|                                     |           | months from the date of the last fire    |
|                                     |           | inspection without any uncorrected       |
|                                     |           | violations. Please ensure that fire      |
|                                     |           | inspections are completed in accordance  |
|                                     |           |  |
|                                     |           | with the rule requirements.              |
|                                     |           |  |
| Pulo                                | Status    | Documenting Statement(s) If applicable   |
| Rule: F101:2-12-04 Food Sorvice     | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Food Service     | Compliant | Documenting Statement: The food service  |
| Requirements                        |           | license was observed posted.             |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s) If annicable    |
|                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-05 Denial, Revocation and | Compliant |  |
| Suspension                          | 1         |  |
| D. J.                               | Chatter   | Downsonti Ci i (1) if                    |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-07 Administrator    | Compliant | Documenting Statement: The               |
| Qualifications                      |           | administrator has completed the rules    |
|                                     |           | review course.                           |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
|                                     |           |  |

| F101:2 12 07 Administrator                               | Compliant |   |
|--|-----------|---|
| 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant |   |
| responsibilities/requirements                            |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-07 Written Program                       | Compliant | Documenting Statement: No changes           |
| Policies and Procedures                                  | Compliant | have been made to the written policies      |
| rollcles and rocedures                                   |           | and procedures since it was last approved   |
|  |           | by this Department.                         |
|  |           | by this Department.                         |
| L  |           |   |
| 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.     |
|  |           | That during medical statements on me        |
|  |           |   |
| 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: 5101:2-12-09 Background Check                      | Compliant | Documenting Statement: During the           |
| Requirements   |           | inspection, the requirements of the rule    |
|  |           | regarding background checks were            |
|  |           | discussed. We discussed that a              |
|  |           | background check and medical would be       |
|  |           | required for a maintenance person who       |
|  |           | enters the licensed child care space        |
|  |           | during hours of operation.                  |
|  |           |   |
|  | 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     |
| 5101:2-12-10 Professional                                | Compliant | bocumenting statement(s), if applicable     |
| Development Requirements                                 | Compliant |   |
| Development nequirements                                 |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Indoor Space                                | Compliant | booking statement(s), it applicable         |
| Requirements   |           |   |
|  | 1         |   |



| Rule                                    | Status              | Documenting Statement(s), If applicable                                  |
|---|---------------------|--|
| 5101:2-12-11 Outdoor Space              | Compliant           | 3 ("   |
| Requirements                            |                     |  |
|   | •                   |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable                                  |
| Rule: 5101:2-12-11 Outdoor Play         | Compliant           | Documenting Statement: Outdoor   |
| Equipment                               |                     | equipment was viewed to be safe and                                      |
|   |                     | free of rust, sharp points, and other                                    |
|   |                     | hazards.   |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable                                  |
| 5101:2-12-11 Outdoor Play Fall Zones    | Compliant           |  |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable                                  |
| 5101:2-12-12 Safe Equipment             | Compliant           |  |
|   |                     |  |
| Pulo                                    | Status              | Documenting Statement/s) If applicable                                   |
| Rule: 5101:2-12-12 Safe Environment     | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Cleaning |
| Kule. 5101.2-12-12 Sale Elivirolillelit | Compliant           | supplies were viewed stored out of the                                   |
|   |                     | reach of children.   |
|   |                     | reaction children.   |
| Rule: 5101:2-12-12 Safe Environment     | Compliant           | Documenting Statement: All electrical                                    |
|   |                     | outlets were covered with safety   |
|   |                     | receptacles.   |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable                                  |
| 5101:2-12-13 Sanitary Equipment and     | Compliant           |  |
| Environment                             |                     |  |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable                                  |
| Rule: 5101:2-12-13 Handwashing          | Compliant           | Documenting Statement: Children were                                     |
| Requirements                            |                     | viewed washing their hands, as required                                  |
|   |                     | by the rule.   |
|   | <u> </u>            |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable                                  |
| 5101:2-12-13 Smoke Free                 | Compliant           |  |
| Environment                             |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable                                  |
| Rule: 5101:2-12-13 Toothbrushing        | Compliant           | Documenting Statement: Tooth brushing                                    |
| Requirements                            | Compilant           | is practiced by the program and it was                                   |
| Regulients                              |                     | determined to meet the requirements                                      |
|   |                     | outlined in the rule.  |
|   |                     | 333 5  |
|   | ı                   |  |

| Rule                                | Status    | Documenting Statement(s), If applicable   |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of      |
| and General Emergency Plan          |           | the inspection, the complete prescribed   |
|                                     |           | JFS 01242 "Medical, Dental, and General   |
|                                     |           | Emergency Plan For Child Care" were       |
|                                     |           | posted in the program as required.        |
|                                     |           |   |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: During the         |
| and General Emergency Plan          |           | inspection, the requirements of the rule  |
|                                     |           | regarding medical, dental and general     |
|                                     |           | emergencies were discussed, including     |
|                                     |           | the diagrams with evacuation routes/      |
|                                     |           | locations of tornado shelter areas.       |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation      |
|                                     |           | for completed fire, weather, and          |
|                                     |           | emergency/lockdown drills was verified    |
|                                     |           | during this inspection.                   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard     | Compliant | bocumenting statement(3), it applicable   |
| Precautions                         | Compliant |   |
|                                     |           |   |
| 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 | Documenting statement(s), if applicable   |
| Reporting                           | 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).                             |

| Beg <u>inning!</u>                    |           |   |
|---------------------------------------|-----------|---|
|                                       |           |   |
|                                       |           |   |
| 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. |
|                                       |           |   |
|                                       |           | <u> </u>                                  |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play       |
| ,                                     | '         | was observed for one of the preschool     |
|                                       |           | groups.                                   |
|                                       |           | S. c. s.p.c.                              |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 License Capacity   | Compliant | Documenting Statement: The program        |
| Naic. 5101.2 12 16 Electise capacity  | Compilant | was operating within their license        |
|                                       |           | capacity limits.                          |
|                                       |           | capacity illints.                         |
|                                       |           |   |
| Rulo                                  | Status    | Decumenting Statement/s) If applicable    |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio              | Compliant | Documenting Statement: Staff/child        |
|                                       |           | ratios observed during the inspection     |
|                                       |           | surpassed those required by the rule.     |
|                                       |           |   |
| 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: During the         |
|                                       |           | inspection, enough Child Care Staff       |
|                                       |           | Members were employed to meet the         |
|                                       |           | staff/child ratios.                       |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Group Size         | Compliant | Documenting Statement: The group sizes    |
| ·                                     |           | observed on the day of the inspection     |
|                                       |           | were in compliance.                       |
|                                       |           | F 1 12                                    |
|                                       | 1         | 1   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Attendance         | Compliant | Documenting Statement: During the         |
| Records                               | Compliant | inspection, attendance records were       |
| inccords                              |           | 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 Members were supervising the children and were able to intervene as needed.        |
| Rule: 5101:2-12-19 Supervision                    | Compliant | Documenting Statement: During the inspection, child care staff were observed assisting children throughout the day.        |
| 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. |
| Dulo  | Chahua    | Described States and (a) If a malicular  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cots and Napping               | Compliant | Documenting Statement: Cots were placed appropriately and safely during nap time.  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-22 Meal and Snack<br>Requirements | Compliant | Documenting Statement: Meals served at the program included foods from the four food groups in sufficient amounts.         |
| Rule: 5101:2-12-22 Meal and Snack<br>Requirements | Compliant | Documenting Statement: Meals were provided at intervals as required by this rule.  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-22 Fluid Milk                     | Compliant | Documenting Statement: All children  |
| Requirements                                      |           | were served milk in sufficient amounts to meet the nutritional requirements.   |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-22 Safe Food<br>Handling/Storage  | Compliant | Documenting Statement: Food was stored in a safe and sanitary manner.  |



|           | utensils were developmentally appropriate. |
|-----------|--|
| Status    | Documenting Statement(s), If applicable    |
| Compliant |  |
|           |  |
|           |  |
| Status    | Documenting Statement(s), If applicable    |
| Compliant | Documenting Statement: All Child Care      |
|           | Staff Members had verification of          |
|           | educational requirements on file at the    |
|           | program.                                   |
|           |  |
|           | Compliant                                  |