

# **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        | ils             |     |                   |
|-------------------------------|---------------------|-----------------|-----|-------------------|
| Program Name                  | Program Number      |                 | Pro | ogram Type        |
| SENSATIONAL KIDS TOO          | 000000500163        |                 | Chi | ld Care Center    |
|                               |                     |                 |     |                   |
| Address                       |                     |                 | Co  | unty              |
| 6222 Merger Dr Holland        |                     |                 | LU  | CAS               |
| OH 43528                      |                     |                 |     |                   |
|                               |                     |                 |     |                   |
|                               |                     |                 |     |                   |
| Building Approval Date        | Use Group/Code      | Occupancy Limit |     | Maximum Under 2 ½ |
|                               |                     |                 |     |                   |
| Fire Inspection Approval Date | Food Service Risk L | evel            |     |                   |
| 02/11/2021                    |                     |                 |     |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection S                   | соре             | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time 2                   | L0:35 AM         | End Time 1:15 PM  |              |
| 01/05/2023             |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| REBECCA COY            |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 10                             | 0                | 2                 | 9            |

| 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   |                  | 0          | 0         | 0     |
| School Age  |                  | 21         | 0         | 21    |
| Total Capacity/Enrollment                                 | 53               | 21         | 0         | 21    |

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



| School Age 1 | School-Age to < 11 years | 4 to 9 |  |
|--------------|--------------------------|--------|--|
| School Age 2 | School-Age to < 11 years | 3 to 8 |  |

#### **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: 08 Staff Files

<u>Rule</u>: 5101:2-12-09 Background Check Requirements <u>Code</u>: The program is required to have staff update their background checks every five years as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not updated every five years for the individual(s) listed on the Employee Record Chart as noted in number(s) 2 below:

- 1. Owner
- 2. Administrator
- 3. Child care staff member, employee

Submit the program's corrective action plan, which includes a copy of the JFS 01176, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/04/2023



#### 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. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in numbers 8, 9, 11 & 16 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.

14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.

- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.

17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.

18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.

- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. 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.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

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: 02/04/2023

## Low Risk Non-Compliances

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Equipment

<u>Code</u>: The program is required to refrain from using trampolines, inflatable bounce houses, and ball pits.

<u>Finding</u>: During the inspection, it was determined that the program had equipment that was prohibited for children to use as noted in number(s) 1 below:

- 1. Trampoline.
- 2. Inflatable bounce house.
- 3. Inflatable slide.
- 4. Inflatable equipment used for climbing and bouncing.
- 5. Ball pit.
- 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: 02/04/2023

## Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number 3 below:

1. Monthly fire drills.

2. Monthly weather emergency drills (March through September).



3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 02/04/2023

## Domain: 05 Health & Safety

<u>Rule</u>: 5101:2-12-16 First Aid/Standard Precautions <u>Code</u>: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined first aid kit(s) at the program had missing, or expired, items that are required by appendix A of this rule to be contained in a first aid kit, as noted in number(s) 2 below:

- 1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].
- 2. One roll of hypoallergenic first-aid tape.
- 3. Individually wrapped sterile gauze squares in assorted sizes.
- 4. Sterile adhesive bandages in assorted sizes.
- 5. Tweezers.
- 6. Gauze rolled bandage.
- 7. Triangular bandage.
- 8. Rounded end scissors.

9. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only).

- 10. A working digital thermometer.
- 11. Disposable non-latex gloves.
- 12. A working flashlight.

13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.

14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.

15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.

16. Soap or waterless sanitizer (field trip or transporting away from the program only).

17. Bottled water (field trip or transporting away from the program only).

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

<u>Rule</u>: 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.

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

1. Within 30 days of starting employment at the program as a child care staff member.

- 2. No documentation of completing the training after December 31, 2016.
- 3. Completion of the training was not verified in the OPR.

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

Corrective Action Plan Due: 02/04/2023

#### Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-08 Child Care Staff Member Educational Requirements <u>Code</u>: The program staff is required to have educational verification on file at the program or in the Ohio Professional Registry.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file nor verified in the Ohio Professional Registry for Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/04/2023

#### Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed and on file at the program.



<u>Finding</u>: In review of the staff records, it was determined a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/04/2023

## Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed within the previous 12 months from the employee's first day of employment.

<u>Finding</u>: In review of the staff records, it was determined that medical examination statement(s) on file at the program were not dated within 12 months of the employee's first day of employment, for the employee(s) listed on the Employee Record Chart. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/04/2023

## 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 number(s) 4, 5, & 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: 02/04/2023

## Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: The program is required to 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 number 14 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<br>in a location visible to parents as<br>required.  |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-02 Current<br>Information              | Compliant           | Documenting Statement: The program<br>had current information entered in the<br>Ohio Child Licensing and Quality System<br>(OCLQS). |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-03 Inspection<br>Requirements                | Compliant           |   |
| Dula   | Status              | Decumenting Statement(s) If emplicable  |
| Rule<br>5101:2-12-04 Building Department<br>Inspection | Status<br>Compliant | Documenting Statement(s), If applicable   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Fire Inspection                     | Compliant           | Documenting Statement: Please Note:   |
|  |                     | Documentation of a fire inspection  |
|  |                     | without any uncorrected violations must   |
|  |                     | be secured for the program. Secure a new fire inspection by 4/11/23.  |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service                        | Compliant           | Documenting Statement: The program  |
| Requirements   |                     | has obtained a food service exemption status from the local health department.  |
|  |                     |   |
| 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  |
|----------------------------------|-----------|--|
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The current       |
| Responsibilities/Requirements    |           | licensing rules were available in a      |
|                                  |           | noticeable location on the premises.     |
|                                  |           |  |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The               |
| Responsibilities/Requirements    |           | administrator's hours of availability to |
|                                  |           | meet with parents were posted in a       |
|                                  |           | noticeable location.                     |
|                                  |           |  |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The               |
| Responsibilities/Requirements    |           | administrator's posted hours of          |
|                                  |           | availability reflected an appropriate    |
|                                  |           | schedule meeting rule compliance.        |
|                                  |           |  |
|                                  |           |  |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: The written      |
| Policies and Procedures            |           | policies and procedures reviewed on the |
|                                    |           | day of the inspection were verified as  |
|                                    |           | complete.                               |
|                                    |           | 3                                       |

| Rule                            | Status    | Documenting Statement(s), If applicable |
|---------------------------------|-----------|---|
| Rule: 5101:2-12-10 Professional | Compliant | Documenting Statement: At the time of   |
| Development Requirements        |           | the inspection, all child care staff    |
| 40 1000-1                       |           | members had completed the required      |
|                                 |           | amount of professional development      |
|                                 |           | training.                               |
|                                 |           |   |

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

| Rule   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| Rule: 5101:2-12-11 Outdoor Space<br>Requirements | Compliant | Documenting Statement: The quarterly<br>playground inspections were completed<br>and documented, as required. The most<br>recent inspection report form was dated<br>10/12/22. |
| Rule: 5101:2-12-11 Outdoor Space<br>Requirements | Compliant | Documenting Statement: Shade is provided by means of trees.  |
| Rule   | Status    | Documenting Statement(s), If applicable  |



| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning<br>supplies were viewed stored out of the<br>reach of children.   |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: All area rugs<br>had nonskid backing.  |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe<br>environment was observed during the<br>inspection. Children were protected from<br>items and conditions which threaten their<br>health, safety and well-being. |

|           | Documenting Statement(s), If applicable |
|-----------|---|
| Compliant | Documenting Statement: On the day of    |
|           | the inspection, the program provided a  |
|           | clean environment in accordance with    |
|           | Appendix A of this rule, which included |
|           | the furniture, materials and equipment. |
|           | Compliant                               |

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

| Rule                          | Status    | Documenting Statement(s), If applicable  |
|-------------------------------|-----------|--|
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: No smoking was  |
| Environment                   |           | allowed on the premises, and the notice stating that smoking is prohibited was |
|                               |           | observed posted in a conspicuous place.  |

| 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                             | 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. |



| Beg <u>inníng</u> !                                      |           |  |
|--|-----------|--|
| Rule: 5101:2-12-16 Management of<br>Communicable Disease | Compliant | Documenting Statement: The program<br>staff stated parents were informed when<br>their child had any exposure to a<br>contagious illness by number(s) 1 & 3<br>below:<br>1. A posted notice;<br>2. Verbal communication;<br>3. A written notice sent home;<br>4. A note posted on the classroom door;<br>5. Other [ ]. |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury                             | Compliant |  |
| Reporting  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Written Disaster                      | Compliant | Documenting Statement: The program's   |
| Plan   |           | written disaster plan was reviewed during  |
|  |           | the inspection and met the requirements.   |
|  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-17 Daily Schedule                        | Compliant | Documenting Statement: Daily schedules   |
|  |           | were observed posted.  |
|  |           |  |
| 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.  |
|  |           | equipment was observed in an categories.   |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Outdoor Play                          | Compliant |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 License Capacity                      | Compliant | Documenting Statement: The program   |
|  |           | was operating within their license   |
|  |           |  |
|  |           | capacity limits.   |
| <u></u>  | I         | 1  |
| 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.  |
|  | 1         |  |



| Rule: 5101:2-12-18 Ratio                 | Compliant | Documenting Statement: Staff/child                        |
|--|-----------|---|
|  |           | ratios observed during the inspection                     |
|  |           | were in compliance.                                       |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable                   |
| Rule: 5101:2-12-18 Group Size            | Compliant | Documenting Statement: The group sizes                    |
| 1 10 10 10 10 10 10 01 00 012C           | Compilant | observed on the day of the inspection                     |
|  |           | were in compliance.                                       |
|  |           |   |
|  | - L       |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable                   |
| Rule: 5101:2-12-18 Attendance            | Compliant | Documenting Statement: Child Care Staff                   |
| Records                                  |           | Members were observed recording the                       |
|  |           | attendance for each child upon arrival                    |
|  |           | and documenting each child's departure.                   |
| Rule: 5101:2-12-18 Attendance            | Compliant | Documenting Statement: During the                         |
| Rule: 5101:2-12-18 Attendance<br>Records | Compliant | inspection, attendance records were                       |
| Records                                  |           | 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<br>at all times. |
|  |           | at all times.   |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable                   |
| Rule: 5101:2-12-19 Supervision           | Compliant | Documenting Statement: During the                         |
|  |           | inspection, child care staff were observed                |
|  |           | meeting the basic needs of all children                   |
|  |           | assigned to the group.                                    |
|  |           |   |
| 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.   |
|  |           | hispection  |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable                   |
| Rule: 5101:2-12-22 Meal and Snack        | Compliant | Documenting Statement: The program                        |
| Requirements                             |           | served the following: all parent provided                 |
|  |           | food for snacks and lunch                                 |
|  |           |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable                   |
|  |           |   |



Department of Education Department of Job and Family Services

| 5101:2-12-22 Fluid Milk Requirements | Compliant |   |
|--------------------------------------|-----------|---|
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Safe Food         | Compliant | Documenting Statement: Food was stored  |
| Handling/Storage                     |           | in a safe and sanitary manner.          |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Compliant |   |
| Administration                       |           |   |
|                                      |           |   |
|                                      |           |   |