

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 http://jfs.ohio.gov/CDC/childcare.stm. 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 | | Program Type |
| CAROUSEL CENTER HEAD START | 2170012913 | | Child Care Center |
| | | | |
| Address | 7,00 | | County |
| 1112 GALLIA STREET PORTSMOUTH | | | SCIOTO |
| ОН | | | |
| 45662 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 08/09/2017 | I-4 | | |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 08/12/2024 | Level II | | |

| | Insp | ection Information | | |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 09/03/2025 | 8:30 AM | | 12:00 PM | |
| Reviewer: | | | | |
| Alisha Goddard | | | | |
| | Sur | mmary of Findings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 4 | 0 | 0 | 4 |

| License Capacity and Enrollment at the Time of Inspection | | | | spection |
|---|------------------|-----------|-----------|----------|
| Age Group | License Capacity | | Enr | ollment |
| | 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 | | 31 | 0 | 31 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 75 | 31 | 0 | 31 |

| S | taff-Child Ratios at the Time of I | nspection | |
|-------|------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |



| Head Start Rm 1 | 3 years to < 4 years | 2 to 12 | Arrival |
|-----------------|----------------------|---------|---------|
| Head Start Rm 1 | 3 years to < 4 years | 2 to 12 | Nap |
| Head Start Rm 2 | 3 years to < 4 years | 2 to 15 | Nap |
| Head Start Rm 2 | 3 years to < 4 years | 3 to 15 | Arrival |

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 5180:2-12-03 and 5180:2-13-03 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: 00 License & Approvals

Rule: 5180:2-12-04 Fire Inspection

<u>Code</u>: The program is required to obtain a fire inspection within 12 months from the date of the last fire inspection without any uncorrected violations.

<u>Finding</u>: During the inspection, it was determined the program had not been inspected by the local fire department or local fire safety inspector and secured documentation of a fire inspection without any uncorrected violations within 12 months from the date of the last fire inspection without any uncorrected violations, as required. The program had requested the new inspection at least 30 days prior to the expiration date of the previous fire inspection. Submit the program's corrective action plan, which includes an updated fire inspection without any uncorrected violations, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/03/2025

Domain: 08 Staff Files

Rule: 5180:2-12-07 Administrator Responsibilities/Requirements

Code: The program administrator is required to maintain current employee records in the Ohio Professional

Registry.

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number 1, 5, 6, and 7 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other: []

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

Corrective Action Plan Due: 10/03/2025



Domain: 08 Staff Files

Rule: 5180:2-12-09 Background Check Requirements

Code: The program is required to maintain a current JFS 01176 "Program Notification of Background Check

Review for Child Care" on file for each staff.

<u>Finding</u>: In review of the staff records, it was determined that background check requirements had not been followed, for the individual(s) listed on the Employee Record Chart, as noted in number 2 below:

- 1. The JFS 01177 "Individual Notification of Background Check Review for Child Care" was on file instead of the JFS 01176.
- 2. The JFS 01176 on file was for a different program.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/03/2025

Domain: 08 Staff Files

Rule: 5180:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [].

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

Corrective Action Plan Due: 10/03/2025



Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|--|
| Rule: 5180:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training |
| Plan | Compliant | of the written disaster plan was |
| i iaii | | completed by staff. |
| | | completed by starr. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-02 License Posted | | |
| Rule: 5180:2-12-02 License Posted | Compliant | Documenting Statement: The license was |
| | | in a location visible to parents as |
| | | required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Building | Compliant | Documenting Statement: A copy of the |
| Department Inspection | | certificate of occupancy was available on- |
| | | site for review. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| • | | the audit number 0015262 and date of |
| | | expiration: 3/1/26. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5180:2-12-07 Administrator | Compliant | Documenting Statement: The |
|--------------------------------------|-----------|--|
| Qualifications | | administrator has completed the rules |
| | | review course. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | | have been made to the written policies |
| | | and procedures since it was last approved |
| | | by this Department. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| Nule. 5180.2-12-08 Medical Statement | Compilant | had current medical statements on file. |
| | | nad current medical statements on me. |
| _ | 1 | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-08 Orientation | Compliant | Documenting Statement: On the day of |
| Training & Whistle Blower Protection | | the inspection, all child care staff |
| | | members had met orientation training |
| | | requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training | Compliant | Documenting Statement(s), if applicable |
| Requirements | Compliant | |
| Requirements | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| | Ť | 35 35 35 35 35 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| Pulo | Ctatus | Decumenting Statement(s) If applicable |
| Rule: 5180:2-12-12 Safe Equipment | Status | Documenting Statement: Equipment was |
| Rule: 5180:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was observed to be in good condition. |
| | | observed to be in good condition. |
| | <u> </u> | |



| ~~ | | |
|--|-------------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Play | Compliant | Documenting Statement: Outdoor |
| Equipment | · · | equipment was viewed to be safe and |
| *** | | free of rust, sharp points, and other |
| | | hazards. |
| | | 1.55 |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | Compilant | material used under outdoor equipment |
| Zones | | was rubber turf. |
| | | was rubber turi. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-12 Safe Environment | | |
| Nuie: 5100:2-12-12 Sale Environment | Compliant | Documenting Statement: All electrical |
| | | outlets were covered with safety |
| | | receptacles. |
| Puls, F190-2-12-12-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5 | Compliant | Do sum outile - Ct-t |
| Rule: 5180:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | |
| 2 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-13 Handwashing | Compliant | Documenting Statement: Children were |
| Requirements | | viewed washing their hands, as required |
| | | by the rule. |
| | | State Adjust on Contraction |
| Rule: 5180:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | cedtased I www.55555555 | children were observed washing hands as |
| | | required by the rule. |
| | | required by the rule. |
| | : | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free | Compliant | bounding statement(s), it applicable |
| Environment | Compilant | |
| Liviloninent | | |
| Rule | Status | Documenting Statement/s) If anylicable |
| | | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-13 Toothbrushing | Compliant | Documenting Statement: Tooth brushing |
| Requirements | | is practiced by the program and it was |
| | | determined to meet the requirements |
| | | outlined in the rule. |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5180:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-14 Transportation - | Compliant | Documenting Statement: The driver(s) |
| Driver Requirements | | had completed the required ODJFS driver |
| | | training. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-14 Transportation - | Compliant | Documenting Statement: The vehicle(s) |
| Vehicle Requirements | | used by the program to transport children |
| | | [is/are] inspected and licensed by the |
| | | Ohio State Highway Patrol. |
| | | |
| | a construction | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-15 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 | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Care Plans | Compilant | had current information on the medical |
| Care i ians | | status and the required treatment plan |
| | | for the children with health conditions. |
| | | for the children with health conditions. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s). If applicable |
| 10(2000) | | Documenting Statement(s), If applicable Documenting Statement: On the day of |
| Rule: 5180:2-12-16 Medical, Dental, | Status Compliant | Documenting Statement: On the day of |
| 10(2000) | | Documenting Statement: On the day of the inspection, the complete prescribed |
| Rule: 5180:2-12-16 Medical, Dental, | | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General |
| Rule: 5180:2-12-16 Medical, Dental, | | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were |
| Rule: 5180:2-12-16 Medical, Dental, | | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General |
| Rule: 5180:2-12-16 Medical, Dental, | | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were |
| Rule: 5180:2-12-16 Medical, Dental, | | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. |
| Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan Rule | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable Documenting Statement: During the |
| Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan Rule | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule |
| Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan Rule | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding emergency drills were |
| Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan Rule | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule |
| Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan Rule | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding emergency drills were |
| Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan Rule | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Documenting Statement(s), If applicable Documenting Statement: During the inspection, the requirements of the rule regarding emergency drills were |



| ~~ | | |
|--|-----------|--|
| 5180:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| DOLO. | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| Dod- | Chatana | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and | Compliant | bocumenting statement(s), it applicable |
| Equipment | Compilant | |
| (0-00 E 00 E 00 E 00 E 0 E 0 E 0 E 0 E 0 | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | | were observed posted. |
| | | · |
| | -31 | 2 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Attendance | Compliant | Documenting Statement: During the |
| Records | | inspection, attendance records were |
| | | 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: 5180:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes |
| | | observed on the day of the inspection |
| | | were in compliance. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play |
| | | was observed for the HS Room1 and HS |
| | | Room2 group. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 License Capacity | Compliant | Documenting Statement: The program |
| | | was operating within their license |
| | | capacity limits. |
| | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|---|---|
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: During the |
| | | inspection, enough Child Care Staff |
| | | Members were employed to meet the |
| | | staff/child ratios. |
| | | , |
| Rule: 5180:2-12-18 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: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | <i>F</i> | ratios observed during the inspection |
| | | were in compliance. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | · · · · · · · · · · · · · · · · · · · |
| | F | |
| | | |
| -000 | | li di |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5180:2-12-19 Child Guidance | Status Compliant | Documenting Statement(s), If applicable |
| The Control of the Co | | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | |
| 5180:2-12-19 Child Guidance | Compliant | Documenting Statement(s), If applicable |
| S180:2-12-19 Child Guidance Rule Rule: 5180:2-12-22 Meal and Snack | Compliant | Documenting Statement(s), If applicable Documenting Statement: The program |
| 5180:2-12-19 Child Guidance | Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, |
| S180:2-12-19 Child Guidance Rule Rule: 5180:2-12-22 Meal and Snack | Compliant | Documenting Statement(s), If applicable Documenting Statement: The program |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack | Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements | Status Compliant Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was posted in the classromms. |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements | Status Compliant Compliant Status | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was posted in the classromms. |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements | Status Compliant Compliant Status | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was posted in the classromms. |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements | Status Compliant Compliant Status | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was posted in the classromms. |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule 5180:2-12-22 Safe Food Handling/Storage | Status Compliant Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was posted in the classromms. Documenting Statement(s), If applicable |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule 5180:2-12-22 Safe Food Handling/Storage | Status Compliant Compliant Status Compliant Status Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was posted in the classromms. Documenting Statement(s), If applicable |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule 5180:2-12-22 Safe Food Handling/Storage Rule 5180:2-12-22 Fluid Milk Requirements | Status Compliant Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was posted in the classromms. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule 5180:2-12-22 Safe Food Handling/Storage Rule 5180:2-12-22 Fluid Milk Requirements | Status Compliant Compliant Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was posted in the classromms. Documenting Statement(s), If applicable |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule 5180:2-12-22 Safe Food Handling/Storage Rule 5180:2-12-22 Fluid Milk Requirements Rule 5180:2-12-25 Medication | Status Compliant Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was posted in the classromms. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule: 5180:2-12-22 Meal and Snack Requirements Rule 5180:2-12-22 Safe Food Handling/Storage Rule 5180:2-12-22 Fluid Milk Requirements | Status Compliant Compliant Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program served the following: lasagna, strawberries, cucumbers, and milk. Documenting Statement: The menu was posted in the classromms. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |

