

## 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 Details                                           |                                   |                                   |                   |
|-----------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------|
| Program Name<br>Pixie Playschool                          | Program Number<br>2200022344      | Program Type<br>Child Care Center |                   |
| Address<br>1801 Saint Paris Pk Springfield<br>OH<br>45504 |                                   |                                   | County<br>CLARK   |
| Building Approval Date                                    | Use Group/Code                    | Occupancy Limit                   | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>08/15/2025               | Food Service Risk Level<br>Exempt |                                   |                   |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Annual     | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>10/01/2025 | Begin Time<br>8:30 AM    | End Time<br>8:40 AM              |
| Inspection Date<br>10/08/2025 | Begin Time<br>9:30 AM    | End Time<br>12:45 PM             |
| Reviewer:<br>Rebecca Worrell  |                          |                                  |
| Reviewer:<br>Rebecca Worrell  |                          |                                  |

| Summary of Findings      |                                      |                       |                        |                   |
|--------------------------|--------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>58 | No. Rules with Non-compliances<br>10 | No. Serious Risk<br>0 | No. Moderate Risk<br>2 | No. Low Risk<br>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     |
| <b>Total Under 2 ½ Years</b>                              | 0                | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 0          | 34        | 34    |
| School Age                                                |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 24               | 0          | 34        | 34    |

| Staff-Child Ratios at the Time of Inspection |                      |                |              |
|----------------------------------------------|----------------------|----------------|--------------|
| Group                                        | Age Group/Range      | Ratio Observed | Comment      |
| PS 1                                         | 3 years to < 4 years | 2 to 12        | at arrival   |
| PS 1                                         | 3 years to < 4 years | 2 to 10        | at departure |
| PS 2                                         | 3 years to < 4 years | 1 to 9         | at arrival   |
| PS 2                                         | 3 years to < 4 years | 1 to 10        | at departure |

### 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

#### Domain: 09 Children's Files

Rule: 5180:2-12-15 Medical/Physical Care Plans

Code: 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.

Finding: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 7,8,9,10,11,12,13,14,15,16,17,18,27,28,29,32,33,34 & 35 below:

1. No plan was on file.

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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.

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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.

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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.

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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: 11/13/2025

#### **Domain: 09 Children's Files**

Rule: 5180:2-12-25 Medication Administration

Code: The program is required to use the appropriate form and retain current documentation to administer medications. The program is also required to obtain separate documentation for each medication and child, and retain on file each JFS 01217 "Request for Administration of Medication for Child Care" for at least one year. The program is required to administer medication only if it has the prescription label attached or had written instructions from a licensed physician. The program is also required to have each medication to be administered stored in its original container.

Finding: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication or medical food or a prescription topical product to a child as noted in number(s) 19 below:

1. The JFS 01217 "Request for Administration of Medication for Child Care" was not on file for a medication, medical food, or prescription topical product that was not required by a JFS 1236 ""Child Medical/Physical Care Plan for Child Care"".
2. The child's name was missing on the JFS 01217.
3. The child's date of birth was missing on the JFS 01217 and was needed to determine the correct dosage.
4. The child's weight was missing on the JFS 01217 and was needed to determine the correct dosage.
5. The name of the medication was missing on the JFS 01217.
6. The exact dose was missing on the JFS 01217.
7. The time to administer was missing on the JFS 01217.
8. The time period to administer was missing on the JFS 01217.
9. The medication's expiration date was missing on the JFS 01217.
10. The Parent/Guardian's dated signature was missing on the JFS 01217.
11. Physician instructions were missing on the JFS 01217.
12. Possible side effects were missing on the JFS 01217.
13. Physician's dated signature was missing on the JFS 01217.
14. Physician's phone number was missing on the JFS 01217.
15. Date medication was administered was missing on the JFS 01217.
16. Time medication was administered was missing on the JFS 01217.
17. Dosage administered was missing on the JFS 01217.

18. Staff member's signature was missing on the JFS 01217.
  19. A prescription label was not attached to the prescription medication.
  20. The medication or product, [ ], was not brought to the program in its original container.
  21. Parent instructions conflict with either the manufacturer or physician instructions.
- Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/13/2025

#### Low Risk Non-Compliances

##### Domain: 00 License & Approvals

Rule: 5180:2-12-04 Building Department Inspection

Code: The program is required to maintain a copy of the certificate of occupancy on file at the center for review.

Finding: During the inspection, it was determined the program did not have a copy of the certificate of occupancy available on-site for review. Submit the program's corrective action plan, which includes a copy of the certificate of occupancy, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/13/2025

##### Domain: 00 License & Approvals

Rule: 5180:2-12-03 Inspection Requirements

Code: The program is required to respond to noncompliances by the date noted in the inspection report.

Finding: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 10/29/24. The rule requires the program to complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/13/2025

**Domain: 01 Ratio & Supervision**

Rule: 5180:2-12-18 Attendance Records

Code: The program is required to have a method for tracking the children in each group. The tracking method must be updated throughout the day and kept with the group at all times.

Finding: During the inspection, it was determined that the method for tracking children in each group did not meet the requirements of the rule as noted in number(s) 4 below:

1. There was no method in place;
2. The method did not include each child's name;
3. The method did not include each child's date of birth;
4. The tracking method did not remain with the group at all times;
5. The tracking method was not updated throughout the day as children entered or left the group.

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

Corrective Action Plan Due: 11/13/2025

**Domain: 01 Ratio & Supervision**

Rule: 5180:2-12-18 Attendance Records

Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

Finding: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 2 & 4 below:

1. No attendance record was being maintained.
2. The attendance record was not being consistently completed.
3. The record did not include the name of at least one child.
4. The record did not include the birth date of at least one child.
5. The record did not include the assigned group.
6. The record did not include the child's weekly schedule.
7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.



8. The original attendance record was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 11/13/2025

**Domain: 05 Health & Safety**

Rule: 5180:2-12-16 First Aid/Standard Precautions

Code: The program is required to have a first aid kit onsite.

Finding: 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) 10 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**

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

Code: 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.

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

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

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

Corrective Action Plan Due: 11/13/2025

**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.

Finding: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 6, 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: 11/13/2025

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

Rule: 5180:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

Finding: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s)1 below.

1. A medical statement was not on file for at least one employee;
2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
3. Date of examination was missing;
4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
5. A statement was missing that verifies the employee is:
  - a. Physically fit for employment in a program caring for children;
  - b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
  - c. Immunized against Measles, Mumps, and Rubella (MMR);
6. Tuberculosis (TB) screening/test information was missing:
  - a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
  - b. Results of a TB test for employees meeting both criteria in 6a.
  - c. Results of additional testing for employees with a positive TB test.
  - d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/13/2025

**Domain: 09 Children's Files**

Rule: 5180:2-12-15 Child Medical and Enrollment Records

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

Finding: 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(s) 2, 4,6,10 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: 5180:2-12-16 Written Disaster Plan             | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rule: 5180:2-12-16 Written Disaster Plan             | Compliant | Documenting Statement: The program's written disaster plan was reviewed during the inspection and met the requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule                                                 | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5180:2-12-02 License Posted                          | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule                                                 | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rule: 5180:2-12-02 Current Information               | Compliant | <p>Documenting Statement: During the inspection, it was determined the information in number(s) 7 below was not up to date in the Ohio Child Licensing and Quality System (OCLQS):</p> <ol style="list-style-type: none"> <li>1. Mailing address</li> <li>2. Telephone number</li> <li>3. Email address</li> <li>4. Days and hours of operation</li> <li>5. Services offered</li> <li>6. Name of program</li> <li>7. Private pay rates</li> </ol> <p>Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.</p> |
| Rule                                                 | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5180:2-12-04 Fire Inspection                         | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule                                                 | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5180:2-12-04 Food Service Requirements               | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule                                                 | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5180:2-12-07 Administrator Qualifications            | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Rule                                                 | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5180:2-12-07 Written Program Policies and Procedures | Compliant |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



| Rule                                                          | Status    | Documenting Statement(s), If applicable |
|---------------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check Requirements                    | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training Requirements                     | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment                                   | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment                                 | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and Environment               | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing Requirements                         | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free Environment                           | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan      | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills                                 | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of Communicable Disease               | Compliant |                                         |
| Rule                                                          | Status    | Documenting Statement(s), If applicable |

|                                                 |           |                                         |
|-------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-16 Incident/Injury Reporting          | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and Equipment            | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule                     | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size                         | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity                   | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Ratio                              | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision                        | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance                     | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cribs                              | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack Requirements        | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food Handling/Storage         | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care                  | Compliant |                                         |
| Rule                                            | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Bottle and Food Preparation | Compliant |                                         |



**Department of  
Children & Youth**

| Rule                                       | Status    | Documenting Statement(s), If applicable |
|--------------------------------------------|-----------|-----------------------------------------|
| 5180:2-12-23 Diapering and Toilet Training | Compliant |                                         |