



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 Caterpillars to butterflies superior	Program Number 2210024673	Program Type Child Care Center	
Address 10933 superior Cleveland OH 44106		County CUYAHOGA	
Building Approval Date 05/27/2021	Use Group/Code E	Occupancy Limit 45	Maximum Under 2 ½ 17
Fire Inspection Approval Date 06/24/2021	Food Service Risk Level Level III		

Inspection Information		
Inspection Type Provisional	Inspection Scope Full	Inspection Notice Unannounced
Inspection Date 02/16/2022	Begin Time 9:00 AM	End Time 1:30 PM
Reviewer: DIANE TRACZYK		

Summary of Findings				
No. Rules Verified 57	No. Rules with Non-compliances 17	No. Serious Risk 0	No. Moderate Risk 2	No. Low Risk 21

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)		8	0	8
Young Toddler		3	0	3
Total Under 2 ½ Years	17	11	0	11
Older Toddler		5	0	5
Preschool		12	0	12
School Age		31	0	31
Total Capacity/Enrollment	40	48	0	59

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Infant	0 to < 12 months	1 to 2	2nd



Infant	0 to < 12 months	1 to 4	3rd
Toddler	18 months to < 30 months	1 to 6	2nd
Preschool	3 years to < 4 years	1 to 11	2nd
Preschool	3 years to < 4 years	1 to 12	3rd
School Age	School-Age to < 11 years	1 to 1	one child in office area
mixed group at arrival	0 to < 12 months	2 to 19	Mixed group upon arrival. One staff answering the door, two staff and children in toddler area. Two schoolagers participating in separate activities (one in office area, one in school age area.

Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

Code: The program is required to maintain the appropriate staff to child ratio for each group served.



Finding: During the inspection, a ratio of 2 child care staff member(s) for 19 children was determined to have occurred for the mixed age group at arrival when the situation in number(s) 1, 7 below occurred:

1. A child care staff member stepped out of the room.
2. A child care staff member had not arrived at work on time.
3. Children were present who were not scheduled to be there.
4. A child care staff member was unable to work.
5. A child was injured in that group.
6. A child arrived in the group before a second staff member was scheduled to arrive with the group.
7. Two groups were combined, and the program did not follow the ratio for the youngest child in the group.
8. A child was transitioning to the next older age group, and the program did not follow the ratio for the youngest child in the group.
9. Ratio was doubled for more than two hours while children were napping.
10. Ratio was doubled while children were napping for a group that included at least one infant.
11. Ratio was doubled while children were napping and there were not enough staff members in the building to meet staff/child ratio.
12. Ratio was doubled in the school age group to allow access to the program, however, the program does not serve only school age children.
13. Both child care staff members did not have a working communication device when one staff member left the group to allow access to the school age only program.
14. The child care staff member did not return to the group after allowing access to the school age only program.
15. Other [].

Additional child care staff members must be hired or current child care staff members must be rescheduled to maintain compliance. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/18/2022

Domain: 08 Staff Files

Rule: 5101:2-12-09 Background Check Requirements

Code: The program is required to have staff update their background checks every five years as required.

Finding: 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 1 & 2 below:

1. Owner;
2. Administrator;
3. Child Care Staff Member, employee.

Submit the program's corrective action plan, which includes a statement the background check update has been requested, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/18/2022



--

Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-12-03 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 at least two of the the non-compliances noted in the inspection reports dated 11-4-21 and 12-22-21. 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: 03/18/2022

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-20 Cots and Napping

Code: The program is required to provide cots/mats that are firm, resilient, and in good condition.

Finding: During the inspection, it was determined that all cots did not meet the requirements of this rule, as noted in number(s) 6 below:

1. Frames were bent/broken;
2. Covers were torn;
3. Cots were missing bolts;
4. Cots were sagging;
5. Legs on the cots were broken;
6. Other: cots were not labeled/assigned individually.

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 required at this time.

Corrective Action Plan Due: 03/18/2022



Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Child Guidance

Code: The program staff shall use developmentally appropriate techniques when managing children's behavior. Corporal punishment is prohibited, as well as any cruel, harsh, unusual or extreme techniques.

Finding: During the inspection, it was determined that child care staff members used discipline techniques to guide or discipline children that were not developmentally appropriate, consistent, or occurred at the time of the incident. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/18/2022

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

Code: The program is required to have the information listed in rule on all attendance records.

Finding: During the inspection, it was determined that the attendance records did not include the required information listed in number(s) 4, 5 below:

1. The name of the child.
2. The birth date of the child.
3. The assigned group.
4. The child's weekly schedule.
5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

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

Corrective Action Plan Due: 03/18/2022

Domain: 01 Ratio & Supervision



Rule: 5101:2-12-18 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) 1 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: 03/18/2022

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Group Size

Code: The program is required to maintain the appropriate group size for each group of children served.

Finding: During the inspection, group size limitations were not maintained for the group of mixed ages at arrival as it was determined there were 19 children grouped together. The group size shall not exceed twice the maximum number of children allowed per Child Care Staff Member. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/18/2022

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 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) 1, 2, 3 below:

1. No attendance record was being maintained.



2. The attendance record was not being consistently completed.
3. The original attendance documentation was not kept at the program for a period of one year.

Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/18/2022

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Group Size

Code: The program may combine all age groups when there are twelve or fewer children in the center.

Finding: During the inspection, it was determined groups which included children less than two and one half years were combined with groups of children two and one half years and older and there were more than 12 children in the center. 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 required at this time.

Corrective Action Plan Due: 03/18/2022

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Sanitary Equipment and Environment

Code: The program is required to provide a clean restroom with the appropriate materials available.

Finding: During the inspection, it was determined that unsanitary conditions, as noted in numbers 1 & 3 below, were in the staff restroom:

1. There was no liquid soap.
2. There was no toilet paper.
3. There were no paper towels.
4. The toilet cleaning brush was accessible to the children.
5. The plunger was accessible to the children.
6. The toilet(s) were not flushed.
7. The trash was not emptied from the day before.
8. There was a strong urine odor.
9. Other [].



The restroom(s) must be kept sanitary at all times. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. Submit the program's corrective action plan, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/18/2022

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

Code: The program is required to provide nonskid rugs and correct any floor hazard that may be unsafe.

Finding: During the inspection, it was determined that the program had an area rug that did not have a nonskid backing; and a floor surface that was unsafe, in that, the drain cover is not secure and can tip up when stepped on and the rug covering the drain cover is not flat and the non-skid backing is not sufficient to keep it flat and in place. A walking surface that is not hazardous to children must be maintained at the program. 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 required at this time.

Corrective Action Plan Due: 03/18/2022

Domain: 03 Postings & Equipment

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

Code: The program is required to have the JFS 01201 "Dental First Aid" posted in a readily available area at the program.

Finding: During the inspection it was determined that the most current JFS 01201 "Dental First Aid" was not posted in a location readily available to center staff and parents as required. 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 required at this time.

Corrective Action Plan Due: 03/18/2022

Domain: 03 Postings & Equipment

Rule: 5101:2-12-17 Daily Schedule



Code: The program is required to have a balance of activities daily.

Finding: During the inspection, it was determined that the toddler and preschool classroom(s) did not have a well-balanced program as noted in number(s) 1 below:

1. The classroom(s) did not did provide opportunities for a balance of quiet and active play; Toddler and Preschool groups had an extended waiting period for lunch.
2. The classroom(s) did not provide activities to promote the children’s physical, social-emotional, cognitive and language development;
3. The classroom(s) did not provide opportunities for child initiated activities.

A well-balanced program of activities suitable to the developmental levels and abilities of each child in care shall be implemented on a daily basis. 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 required at this time.

Corrective Action Plan Due: 03/18/2022

Domain: 03 Postings & Equipment

Rule: 5101:2-12-17 Daily Schedule

Code: The program is required to have the daily program schedule posted in all required areas.

Finding: During the inspection, it was determined that a copy of the daily program schedule was not posted in the school age area as required. 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 required at this time.

Corrective Action Plan Due: 03/18/2022

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Separation of Children Under 2 1/2 Years

Code: The program is required to separate children younger and older than 2 1/2 years of age.

Finding: During the inspection, it was determined a group that included at least one child less than the age of two and one half years of age was not kept separate from groups of older children as noted in number(s) 2 below:



- 1) The [] group, which included children less than two and one half years of age, were cared for in a space where a group of older children were receiving care.
- 2) A barrier was not used to separate the space being used by the group of children less than two and one half years of age from space being used for groups of children two and one half years and older. All of the children were cared for together in the toddler space.
- 3) The barrier separating the groups was not at least 36 inches in height.
- 4) The barrier separating the groups was not continuous.

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

Corrective Action Plan Due: 03/18/2022

Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

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

Finding: During the inspection, it was determined that the required drills were not completed for item number(s) 1, 2, 3 below:

1. Monthly fire drills. January 2022 was missing
2. Monthly weather emergency drills (March through September). August and September 2021 were missing.
3. Emergency/lockdown drills in each quarter of the calendar year. Lockdown drills were not completed.

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

Corrective Action Plan Due: 03/18/2022

Domain: 05 Health & Safety

Rule: 5101:2-12-22 Meal and Snack Requirements

Code: The program is required to post the current weekly menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

Finding: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) 1, and 5 below.

1. The menu was not posted. It was found and visibly posted during the inspection.



2. The posted menu was not in a visible place readily accessible to parents.
3. The menu was not currently dated.
4. The entire menu was substituted.
5. At least one item on menu did not match what was served. The menu indicated muffins and applesauce with milk for breakfast, but cereal and milk was served.
6. The meal or snack served did not match the posted menu.

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.

Corrective Action Plan Due: 03/18/2022

Domain: 05 Health & Safety

Rule: 5101:2-12-22 Fluid Milk Requirements

Code: The program is required to obtain written documentation when serving substitutions for fluid milk.

Finding: During the inspection, it was determined that required documentation for substitutions for fluid milk was not on file as noted in number(s) 3 below:

1. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants up to 12 months of age are served anything other than formula or breast milk.
2. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants and toddlers 12 months of age up to 24 months of age are served anything other than unflavored whole homogenized vitamin D fortified cow's milk, breast milk, or non-cow milk substitution that is nutritionally equivalent to milk.
3. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when toddlers and children 24 months of age and older are served anything other than unflavored one per cent milk that is vitamin A and D fortified, unflavored fat free or skim milk that is vitamin A and D fortified, or non-cow milk substitutions that are nutritionally equivalent to milk.
4. Written parental consent for non-cow milk substitutions that are nutritionally equivalent to milk for children 12 months of age and older.

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 required at this time.

Corrective Action Plan Due: 03/18/2022

Domain: 08 Staff Files



Rule: 5101:2-12-08 Medical Statement

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

Finding: 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: 03/18/2022

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to include all information.

Finding: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in numbers 3 & 4

1. Date of examination;
2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
3. A statement that verifies that 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);
4. Tuberculosis (TB) screening/test
 - 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 4a;
 - 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: 03/18/2022



Domain: 09 Children's Files

Rule: 5101:2-12-15 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 numbers 1, 4, 6, 10, 13 & 15 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. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/18/2022

Domain: 09 Children's Files

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

Code: The program is required to have a completed medical on file at the program for each child enrolled.

Finding: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 1 below:

1. No medical was on file for at least one child
2. Medical(s) on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth



4. Medical(s) were missing the date of the medical examination
5. The date of the exam was more than 13 months prior to the date the form was signed.
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule
10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
11. Other []

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

Corrective Action Plan Due: 03/18/2022

Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-02 License Posted	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding posting the program's license were discussed.
5101:2-12-02 Current Information	Compliant	
5101:2-12-04 Building Department Inspection	Compliant	



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 6-24-22.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Food Service Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-07 Administrator Qualifications	Compliant	Documenting Statement: The administrator is scheduled to complete the rules review course in May of 2022.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-07 Administrator Responsibilities/Requirements	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding administrator responsibilities and requirements were discussed.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements	Compliant	Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection	Compliant	Documenting Statement: On the day of the inspection, all child care staff members had met orientation training requirements.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-10 Health Training Requirements	Compliant	Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation.
Rule	Status	Documenting Statement(s), If applicable



5101:2-12-10 Professional Development Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free Environment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-15 Medical/Physical Care Plans	Compliant	Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 First Aid/Standard Precautions	Compliant	Documenting Statement: During the inspection, the program had complete first aid kits available as required.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Management of Communicable Disease	Compliant	Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. Please order an updated communicable disease chart. This must be posted and will be assessed at the next inspection.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Incident/Injury Reporting	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding reporting incidents and injuries were discussed. There were no current incidents to review.



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-17 Daily Outdoor Play	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding daily outdoor play were discussed. Please be reminded that outdoor play is required daily and arrangements must be made in suitable weather. If daily outdoor play cannot be conducted due to a weather concern, indoor gross motor must be provided.
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.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-19 Supervision	Compliant	Documenting Statement: During the inspection, the requirements of the rule regarding supervision of children were discussed.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-20 Cribs	Compliant	Documenting Statement: All cribs were labeled with the assigned infant's name.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-21 Evening and Overnight Care	Not Verified	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food Handling/Storage	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Infant Daily Care	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Infant Bottle and Food Preparation	Compliant	



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Diapering and Toilet Training	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-25 Medication Administration	Compliant	Documenting Statement: There were no children on medication at the time of the inspection; however, the method of storage and practices for the administration were reviewed.