

# **Center Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

|                                    | Program Deta        | ils             |                   |
|------------------------------------|---------------------|-----------------|-------------------|
| Program Name                       | Program Number      |                 | Program Type      |
| Growing Seeds Child Care at Hoover | 2240030746          |                 | Child Care Center |
|                                    |                     |                 |                   |
| Address                            |                     |                 | County            |
| 3860 Hoover Road Grove City        |                     |                 | FRANKLIN          |
| ОН                                 |                     |                 |                   |
| 43123                              |                     |                 |                   |
|                                    |                     |                 |                   |
| Building Approval Date             | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| 08/30/2024                         | E                   | 95              |                   |
| Fire Inspection Approval Date      | Food Service Risk L | evel            |                   |
| 08/23/2024                         | Level III           |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | cope               | Inspection Notice |              |
| Provisional        | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 01/22/2025         | 8:35 AM                        |                    | 12:30 PM          |              |
| Reviewer:          |                                |                    |                   |              |
| HEATHER STILLIO    | N                              |                    |                   |              |
|                    | Sur                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                 | 9                              | 0                  | 3                 | 7            |

| Li                        | cense Capacity ar | nd Enrollme | ent at the Time of In | spection |
|---------------------------|-------------------|-------------|-----------------------|----------|
| Age Group                 | License Capacity  |             | Enr                   | ollment  |
|                           | Totals            | Full Time   | Part Time             | Total    |
| Infant ( Birth to < 18 m) |                   | 10          | 0                     | 10       |
| Young Toddler             |                   | 14          | 0                     | 14       |
| Total Under 2 ½ Years     | 95                | 24          | 0                     | 24       |
| Older Toddler             |                   | 4           | 0                     | 4        |
| Preschool                 |                   | 32          | 0                     | 32       |
| School Age                |                   | 0           | 46                    | 46       |
| Total Capacity/Enrollment | 95                | 36          | 46                    | 106      |

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



| 1 to 6  |   |
|---------|---|
| 1 to 5  |   |
| 2 to 6  |   |
| 2 to 7  |   |
| 2 to 10 | Combined with   |
|         | Explorers   |
| 2 to 11 | Combined with   |
|         | Explorers   |
| 1 to 7  |   |
| 1 to 9  |   |
| 1 to 6  |   |
| 1 to 7  | -   |
|         | 1 to 5 2 to 6 2 to 7 2 to 10  2 to 11  1 to 7 1 to 9 1 to 6 |

## **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances   |
|--|
| No Serious Risk Non-Compliances were observed during this inspection |
|  |
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## **Moderate Risk Non-Compliances**

Domain: 07 Diapering & Infant Care

Rule: 5180:2-12-20 Cribs

<u>Code</u>: The program staff is required to remove any items listed in rule that are a potential suffocation risk from

cribs.

<u>Finding</u>: During the inspection, it was determined that a child had been placed in a crib with an object that created a potential strangulation or suffocation risk, as indicated in number(s) 4 below:

- 1. Bib
- 2. Pacifier clip/ribbon



- 3. Teething jewelry
- 4. Blanket for infant under twelve months old
- 5. Pillow
- 6. Boppie
- 7. Bumper pad
- 8. Clothing stored in the crib
- 9. Diaper bag
- 10. Object or toy strung over the crib in which a child can pull himself up
- 11. Stuffed animal that is large/soft enough to conform to the shape of the child's face
- 12. Other [ ]

The rule prohibits any item which obstructs child-care staff's visibility or poses a risk of strangulation or suffocation from being placed on or in a crib. Remove the item(s) immediately. 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: 02/22/2025

#### Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have all staff request background checks as required and receive a JFS 01176 or preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

<u>Finding</u>: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number(s) 1 below:

- 1. The request for a background check for child care was not submitted in the OPR.
- 2. The fingerprints were not submitted electronically according to the process established by BCI.
- 3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
- 4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/22/2025



Domain: 09 Children's Files

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

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 7 below:

1. No plan was on file.

(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete. (Page 2)
- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

(Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

(Page 4)



- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/22/2025

## **Low Risk Non-Compliances**

## Domain: 03 Postings & Equipment

Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan

<u>Code</u>: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number(s) 1 below:

- 1. The plan was not posted in each classroom.
- 2. The plan was not posted in other spaces used by children.
- 3. The name, address and telephone number of the program were not complete.
- 4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.



- 5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.
- 6. Location of children's records was not complete.
- 7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
- 8. The current version of the prescribed form was not used.
- 9. The plan was not implemented when necessary in that [ ].

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

Corrective Action Plan Due: 02/22/2025

## **Domain: 08 Staff Files**

Rule: 5180:2-12-08 Medical Statement

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

<u>Finding</u>: 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) 5 & 6 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: 02/22/2025

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

Rule: 5180:2-12-08 Child Care Staff Member Educational Requirements

<u>Code</u>: The program staff is required to have education documentation translated and shown as equivalent to a high school education.

<u>Finding</u>: In review of the staff records, it was determined that the child care staff member listed on the Employee Record Chart had educational information on file that could not be verified as recognized by the state board of education or the appropriate agency of another state or country as equivalent to the completion of a high school education. The rule requires a child care staff member to provide evidence of the completion of a high school education. Submit the program's corrective action plan, which includes a copy of the educational information and/or equivalency report, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/22/2025

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

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

<u>Code</u>: 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(s) 2,4,5 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: 02/22/2025

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

Rule: 5180:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 4,5,6 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/22/2025

#### Domain: 09 Children's Files

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

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

<u>Finding</u>: 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(s) 1 & 2 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: 02/22/2025

### Domain: 09 Children's Files

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

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

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 10 & 13 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement



- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 02/22/2025

# Rules In-Compliance/Not Verified

| Rule                             | Status    | Documenting Statement(s), If applicable   |
|----------------------------------|-----------|---|
| 5180:2-12-02 License Posted      | Compliant |   |
|                                  |           |   |
| 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   |
| 5180:2-12-04 Fire Inspection     | Compliant |   |
|                                  |           |   |
| 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 and date of expiration:  |
|                                  |           | BFRY-D9NPJB Exp 3/1/25.                   |
|                                  |           |   |
|                                  | •         |   |
| Rule                             | Status    | Documenting Statement(s), If applicable   |



| 5180:2-12-07 Administrator                      | Compliant   |   |
|---|---|---|
| Qualifications                                  | Compilant   |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-12-05 Denial, Revocation and             | Compliant   |   |
| Suspension                                      |   |   |
| P. de   | Chahira   | Description Chatamantal If annihilable  |
| Rule 5180:2-12-08 Orientation Training &        | Status<br>Compliant   | Documenting Statement(s), If applicable |
| Whistle Blower Protection                       | Compliant   |   |
| TVIIIstic Biower   Totastion                    |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space                      | Compliant   |   |
| Requirements                                    |   |   |
|   |   |   |
| 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                               | Sign to the state of the state |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment             | Compliant   |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones            | Compliant   | Bodamenting Statement(S), it applicable |
| ,   | •   |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment                     | Compliant   |   |
| <u> </u>  | I.  |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment                   | Compliant   |   |
|   |   |   |
|   |   |   |
| Rule  | Status Compliant  | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and Environment | Compilant   |   |
| Environment                                     |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing                        | Compliant   |   |
| Requirements                                    |   |   |
|   |   |   |
| Rule  | Status  | Documenting Statement(s), If applicable |



| 5180:2-12-13 Smoke Free                 | Compliant  |  |
|---|--|--|
| Environment                             |  |  |
| Rule                                    | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-14 Transportation - Driver    | Compliant  | Documenting Statement(s), if applicable  |
| Requirements                            | Compilant  |  |
| nequi ements                            |  |  |
| 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: An annual   |
| Vehicle Requirements                    |  | safety check of the vehicle(s), using the  |
|   |  | JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified |
|   |  | and dated 10/5/24.   |
|   |  | and dated 10/3/24.   |
|   | ı  |  |
| Rule                                    | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Emergency Drills           | Compliant  |  |
|   |  |  |
| Rule                                    | Status   | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-16 First Aid/Standard   | Compliant  | Documenting Statement: During the  |
| Precautions                             | The state of the s | inspection, the program had complete   |
|   |  | first aid kits available as required.  |
|   |  |  |
| Dul                                     | Centura  | D  |
| Rule<br>5180:2-12-16 Management of      | Status<br>Compliant  | Documenting Statement(s), If applicable  |
| Communicable Disease                    | Compilant  |  |
| Communicable Disease                    |  |  |
| Rule                                    | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Incident/Injury            | Compliant  |  |
| Reporting                               |  |  |
|   |  |  |
| Rule                                    | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-18 Group Size                 | Compliant  |  |
|   | I  |  |
| Rule                                    | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Daily Schedule             | Compliant  |  |
|   | 75   |  |
|   | C: 1   |  |
| Rule<br>5180:2-12-17 Materials and      | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Materials and<br>Equipment | Compliant  |  |
| Lydipilicit                             |  |  |



| ~~  |  |   |
|---|--|---|
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-17 Daily Outdoor Play   | Compliant  |   |
| Sieste in Daily Satassi Hay   | Compilation  |   |
|   | 1  |   |
| 2.1   |  | D   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-18 License Capacity   | Compliant  |   |
| AA 00   |  |   |
|   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-18 Ratio  | Compliant  | position (a), in approach   |
| 3160.2-12-16 Natio  | Compilant  |   |
|   |  |   |
|   | 1  | 1   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-19 Supervision  | Compliant  |   |
| · ·   | 1 "  |   |
|   | *  | ·   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
|   | The state of the s | bocumenting statement(s), if applicable   |
| 5180:2-12-20 Cots and Napping   | Compliant  |   |
|   |  |   |
|   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-19 Child Guidance   | Compliant  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
|   |  |   |
| Rule: 5180:2-12-22 Meal and Snack   | Compliant  | Documenting Statement: The program  |
| Rule: 5180:2-12-22 Meal and Snack<br>Requirements   | Compliant  | Documenting Statement: The program served the following: Chicken nuggets,   |
| \$250 PROBLEM (\$100 PROBLEM (\$1 | Compliant  | served the following: Chicken nuggets,  |
| \$250 PROBLEM (\$100 PROBLEM (\$1 | Compliant  |   |
| \$250 PROBLEM (\$100 PROBLEM (\$1 | Compliant  | served the following: Chicken nuggets,  |
| Requirements  |  | served the following: Chicken nuggets, mixed veggies, oranges and milk.   |
| Requirements  | Status   | served the following: Chicken nuggets,  |
| Requirements  Rule 5180:2-12-22 Safe Food   |  | served the following: Chicken nuggets, mixed veggies, oranges and milk.   |
| Requirements  | Status   | served the following: Chicken nuggets, mixed veggies, oranges and milk.   |
| Requirements  Rule 5180:2-12-22 Safe Food   | Status   | served the following: Chicken nuggets, mixed veggies, oranges and milk.   |
| Rule 5180:2-12-22 Safe Food Handling/Storage  | Status<br>Compliant  | served the following: Chicken nuggets, mixed veggies, oranges and milk.  Documenting Statement(s), If applicable  |
| Rule 5180:2-12-22 Safe Food Handling/Storage  | Status Compliant Status  | served the following: Chicken nuggets, mixed veggies, oranges and milk.   |
| Rule 5180:2-12-22 Safe Food Handling/Storage  | Status<br>Compliant  | served the following: Chicken nuggets, mixed veggies, oranges and milk.  Documenting Statement(s), If applicable  |
| Rule 5180:2-12-22 Safe Food Handling/Storage  | Status Compliant Status  | served the following: Chicken nuggets, mixed veggies, oranges and milk.  Documenting Statement(s), If applicable  |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements   | Status Compliant Status Compliant  | served the following: Chicken nuggets, mixed veggies, oranges and milk.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5180:2-12-22 Safe Food Handling/Storage  | Status Compliant Status  | served the following: Chicken nuggets, mixed veggies, oranges and milk.  Documenting Statement(s), If applicable  |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule   | Status Compliant Status Compliant Status Status  | served the following: Chicken nuggets, mixed veggies, oranges and milk.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements   | Status Compliant Status Compliant  | served the following: Chicken nuggets, mixed veggies, oranges and milk.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule   | Status Compliant Status Compliant Status Status  | served the following: Chicken nuggets, mixed veggies, oranges and milk.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  | Status Compliant  Status Compliant  Status Compliant  Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  | Status Compliant  Status Compliant  Status Compliant  Status Compliant   | served the following: Chicken nuggets, mixed veggies, oranges and milk.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  | Status Compliant  Status Compliant  Status Compliant  Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  | Status Compliant  Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  Rule 5180:2-12-23 Diapering and Toilet  | Status Compliant  Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  Rule 5180:2-12-23 Diapering and Toilet Training   | Status Compliant  Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  Rule 5180:2-12-23 Diapering and Toilet Training  Rule   | Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Status Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  Rule 5180:2-12-23 Diapering and Toilet Training  Rule 5180:2-12-23 Infant Bottle and Food   | Status Compliant  Status Compliant  Status Compliant  Status Compliant   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5180:2-12-22 Safe Food Handling/Storage  Rule 5180:2-12-22 Fluid Milk Requirements  Rule 5180:2-12-23 Infant Daily Care  Rule 5180:2-12-23 Diapering and Toilet Training  Rule   | Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Status Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



| Rule                                  | Status              | Documenting Statement(s), If applicable |
|---------------------------------------|---------------------|---|
| 5180:2-12-25 Medication               | Compliant           |   |
| Administration                        |                     |   |
|                                       | <del></del>         | <u> </u>                                |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| Rule 5180:2-12-04 Building Department | Status<br>Compliant | Documenting Statement(s), If applicable |