

Center Licensing Inspection Full Report

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

| | Program Deta | ails | |
|--|-----------------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| ROUND THE CLOCK CHILD CARE LLC | 000000100246 | | Child Care Center |
| Address 1676 PORTAGE RD. WOOSTER OH 44691 | | | County WAYNE |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 09/19/2013 Fire Inspection Approval Date 09/07/2021 | Food Service Risk Level Level III | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Follow-up | Full | | Unannounced | |
| Inspection Date 04/20/2022 | Begin Time 9 | :01 AM | End Time 11:25 AM | |
| Reviewer: REBECCA KOTEWICZ | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 3 | 0 | 1 | 2 |

| 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) | | 12 | 0 | 12 |
| Young Toddler | | 2 | 0 | 2 |
| Total Under 2 ½ Years | 25 | 14 | 0 | 14 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 12 | 0 | 12 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 64 | 12 | 0 | 26 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Infant Toddlers | 0 to < 12 months | 2 to 8 | Arrival |

| Infant Toddlers | 0 to < 12 months | 2 to 8 | |
|-----------------|----------------------|--------|---------|
| PS PK | 3 years to < 4 years | 1 to 7 | Arrival |
| PS PK | 3 years to < 4 years | 1 to 7 | |

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 | | |
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| | | |

Moderate Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

Code: The program staff is required to administer medication following the instructions on the JFS 01217

"Request for Administrator of Medication for Child Care" form or attached prescription label.

<u>Finding</u>: During the inspection, it was determined the program had administered medication to a child and the written instructions on the JFS 01217 "Request for Administration of Medication for Child Care" form or attached prescription label were not followed as noted in number(s) 3 below:

- 1. Medication had been administered to a child at the center at a different time than directed.
- 2. Medication was administered to a child for a longer or shorter period of time than directed.
- 3. The dose administered did not match the dosage required by the manufacturer's directions.
- 4. The dose administered did not match the dosage required by the written physician's instructions or the prescription label.
- 5. A child was administered the wrong medication provided to the program for that child.
- 6. Other: [].

Provide training to the staff designated to administer medication that the parent's and physician's instructions on the prescribed form, as well as instructions on the prescription label, must be followed to avoid over or under



medicating a child. 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: 05/20/2022

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

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

<u>Finding</u>: 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 number(s) 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: 05/20/2022

Domain: 09 Children's Files

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

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

Care".

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

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-02 License Posted | Compliant | |

| Beginning! | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | , , , , , , , , , , , , , , , , , , , |
| 3101.2 12 02 carrent mornation | Compilant | |
| | | |
| Rule | Status | Documenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | , |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: On the day of |
| Department Inspection | | the inspection, the program was |
| · | | operating in compliance with the current |
| | | building approval(s). |
| | | banang approval(s). |
| | I | |
| Dula | Status | Decree entire Chatere entire If a reliable |
| 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 9/07/22. |
| | | 11011 1110 1110 pection by 5/07/221 |
| | | |
| Rule | S | |
| | | I Documenting Statement(c) It applicable |
| *************************************** | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| *************************************** | | Documenting Statement: The food service license was observed posted. Following is |
| Rule: 5101:2-12-04 Food Service | | Documenting Statement: The food service |
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| Rule: 5101:2-12-04 Food Service Requirements Rule | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: |
| Rule: 5101:2-12-04 Food Service Requirements Rule 5101:2-12-07 Administrator | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 9949033, March 1, 2023. |
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| Rule: 5101:2-12-04 Food Service Requirements Rule 5101:2-12-07 Administrator Qualifications | Status Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 9949033, March 1, 2023. Documenting Statement(s), If applicable |
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| Rule: 5101:2-12-04 Food Service Requirements Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-07 Administrator Responsibilities/Requirements Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 9949033, March 1, 2023. Documenting Statement(s), If applicable |
| Rule S101:2-12-04 Food Service Requirements Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-07 Administrator Responsibilities/Requirements Rule 5101:2-12-07 Written Program | Status Compliant Status Compliant Status Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 9949033, March 1, 2023. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service Requirements Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-07 Administrator Responsibilities/Requirements Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 9949033, March 1, 2023. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule S101:2-12-04 Food Service Requirements Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-07 Administrator Responsibilities/Requirements Rule 5101:2-12-07 Written Program Policies and Procedures | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 9949033, March 1, 2023. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
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| Rule 5101:2-12-04 Food Service Requirements Rule 5101:2-12-07 Administrator Qualifications Rule 5101:2-12-07 Administrator Responsibilities/Requirements Rule 5101:2-12-07 Written Program Policies and Procedures Rule 5101:2-12-08 Child Care Staff Member | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: 9949033, March 1, 2023. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
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| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |
|---|---------------------|--|
| | 1 | |
| Rule: 5101:2-12-09 Background Check Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. |
| | | |
| Rule: 5101:2-12-10 Health Training Requirements | Compliant | Documenting Statement(s), If applicable 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: 5101:2-12-10 Professional Development Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training. |
| | | |
| Rule 5101:2-12-11 Indoor Space Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Dula | Chahara | Description Chaham and a life and leading |
| Rule 5101:2-12-11 Separation of Children Under 2 1/2 Years | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement(s), if applicable |
| Rule | Status | Documenting Statement(s) If applicable |
| Rule: 5101:2-12-11 Outdoor Play Equipment | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: All equipment in the outdoor play space was observed to be anchored and stable. |
| Rule | Status | Documenting Statement(s), If applicable |

| Dule: 5404:2 42 44 0 14 51 51 | Camandia | December 1 Challenger #1 |
|---|-----------|---|
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was mulch. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | | |
| D. J. | Chatana | Danish and the Chatana and all If a malicable |
| Rule: 5101:2-12-12 Safe Environment | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Sale Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | |
| Dulo | Ctatus | Decumenting States and (a) If a malicular |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the equipment was observed |
| | | clean and in good repair. |
| | | |
| Rule | Ctatus | Decumenting Statement(s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | Documenting Statement(s), if applicable |
| Environment | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | |
| The Procedures | | |
| Rule | Status | Documenting Statement(s) If annicable |
| | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program had current information on the medical |
| Care Plans | | |
| | | status and the required treatment plan |
| | | for the children with health conditions. |
| | | |
| Rule | Status | Documenting Statement/s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| D. I. | Chahara | December 11 15 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| | | for completed fire, weather, and |

| | | emergency/lockdown drills was verified |
|--|------------|---|
| | | during this inspection. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | F | |
| g | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | bootinenting statement(s), it applicable |
| 3101.2 12 10 WHITEEH DISUSTEEN HAIT | Compliant | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | Boddinenting Statement(s), it applicable |
| Jioi.2 12 17 Bany Schedule | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | Compliant | equipment was observed in all categories. |
| Equipment | | equipment was observed in an eategories. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | bocamenting statement(s), it applicable |
| Jioi.2 12 17 Bany Gatagor Flay | Compliant | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| STOTIL IT TO LIBERISE SUPURIE, | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| The state of the s | Joniphanic | "Staff/Child Ratios, Age Grouping and |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
| | | requireu. |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| Nuie. 3101.2-12-18 Kdli0 | Compliant | <u> </u> |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | | |
| 2.1 | | |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-18 Group Size | Compliant | |
|---|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance Records | Compliant | Documenting Statement: Child Care Staff Members were observed recording the attendance for each child upon arrival and documenting each child's departure. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | boomening occionent(s)) is approache |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were placed 2 feet apart. |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were separated from the play space by a safe and sturdy and physical barrier. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack Requirements | Compliant | bootimenting statement(s)) if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | Bootimenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food Handling/Storage | Compliant | Described in the second of the |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate daily written records for all infants were viewed. |
| Rule | Status | Documenting Statement(s), If applicable |



| Compliant | Documenting Statement: All bottles were warmed in accordance with the rule in a breeza. |
|---------------------|---|
| Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Appropriate diaper changing procedures were observed during the inspection in the [infant/toddler] room(s). |
| | Status |