

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 |
| KINDERCARE #1480 | 000000204156 | | Child Care Center |
| Address 951 E RAHN RD DAYTON OH 45429 | | | County MONTGOMERY |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 03/17/1998 | E | | |
| Fire Inspection Approval Date | Food Service Risk L | Food Service Risk Level | |
| 10/10/2018 | Level III | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 01/11/2024 | 9:30 AM | 9:30 AM | | 1:45 PM | |
| Reviewer: | | | | | |
| Kathryn Koester | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 6 | 0 | 0 | 6 | |

| 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) | | 21 | 0 | 21 |
| Young Toddler | | 12 | 0 | 12 |
| Total Under 2 ½ Years | 48 | 33 | 0 | 33 |
| Older Toddler | | 12 | 0 | 12 |
| Preschool | | 40 | 0 | 40 |
| School Age | | 37 | 0 | 37 |
| Total Capacity/Enrollment | 200 | 89 | 0 | 122 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--|--|---------|
| Group Age Group/Range Ratio Observed | | | Comment |

| Infant A | 0 to < 12 months | 2 to 7 | |
|----------------------|--------------------------|---------|-----------------|
| Infant A | 0 to < 12 months | 2 to 9 | |
| Infant B | 12 months to < 18 months | 1 to 4 | |
| Infant B | 12 months to < 18 months | 2 to 5 | |
| Toddler 1 | 18 months to < 30 months | 2 to 13 | |
| Toddler 1 | 18 months to < 30 months | 2 to 12 | |
| Pre-Kindergarten | 3 years to < 4 years | 2 to 10 | |
| Pre-Kindergarten | 3 years to < 4 years | 1 to 12 | |
| Preschool | 3 years to < 4 years | 2 to 17 | |
| Preschool | 3 years to < 4 years | 2 to 16 | |
| Discovery Pre-School | 30 months to < 36 months | 2 to 9 | |
| Discovery Pre-School | 30 months to < 36 months | 2 to 10 | |
| School Age | School-Age to < 11 years | 1 to 3 | Returned from |
| | | | school at lunch |

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 | | |
| No Serious Risk Non-compliances were observed during this hispection | | |
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| | | |

| Moderate Risk Non-Compliances | | |
|---|--|--|
| No Moderate Risk Non-Compliances were observed during this inspection | | |
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Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

<u>Finding</u>: During the inspection, it was determined that children were not protected from item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) 22 below:

- 1. Surge protectors/outlets did not have childproof receptacle covers.
- 2. Open pull cords that are not closed loop.
- 3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Employee(s) purse(s).
- 7. Diaper bags.
- 8. Television not securely anchored.
- 9. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 10. Smoke detector needing batteries replaced.
- 11. An area rug did not have a nonskid backing.
- 12. An area rug presented a tripping hazard.
- 13. A floor surface that was unsafe in that [].
- 14. No platform was provided for the sink or toilet in the [] classroom.
- 15. The platform provided for the sink or toilet in the [] classroom was not sturdy.
- 16. The platform provided for the sink or toilet in the [] classroom posed a safety hazard in that [].
- 17. Telephone cords.
- 18. Staff member stepped over a barrier/gate while holding a child.
- 19. Emergency exits were blocked by the following classroom furniture: [].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. Other: mold in the preschool window

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: 02/15/2024

Domain: 02 Safe & Sanitary Environment

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

<u>Code</u>: The program is required to provide equipment and materials that are easy to clean.

<u>Finding</u>: During the inspection, it was determined that at least one piece of equipment, furnishings, or material at the program was not constructed of materials to facilitate cleaning as noted in number(s) 2, 3 below:

- 1. The material had a tear.
- 2. The material was not washable.
- 3. The material was porous.
- 4. The surface was cracked.
- 5. The surface was repaired, but in a manner that still did not facilitate cleaning.
- 6. Other [].

Equipment, furnishings, and furniture shall be constructed of materials to facilitate cleaning. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/15/2024

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Equipment

<u>Code</u>: The program is required to refrain from placing indoor swings, slides, climbers, and climbing apparatus directly over a hard surface. Shock absorbent protective covering, intended to be a fall surface per manufacturer's guidelines, shall be placed and used under the equipment.

<u>Finding</u>: During the inspection, it was determined that indoor swings, slides, climbers, and climbing apparatus did not have required shock absorbent protective covering under and around the equipment as noted in number(s) 1 below:

- 1. A shock absorbent protective covering was not used.
- 2. The mats were not at least one and one-half inches thick for equipment over three feet high.
- 3. The mats were not used according to the manufacturer's guidelines.
- 4. Other [].

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

Corrective Action Plan Due: 02/15/2024

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

<u>Code</u>: The program is required to provide cribs with mattresses in good condition and sheets that are not too large or too small for the crib.

<u>Finding</u>: During the inspection, it was determined that sheets, mattresses and/or mattress covers did not meet the rule requirement as noted in number(s) 9 below:

- 1. At least one crib did not have a sheet.
- 2. At least one sheet was too large.
- 3. At least one sheet was too small.
- 4. At least one sheet was torn.
- 5. The mattress was not at least one and one-half inches thick.
- 6. The mattress was not firm.
- 7. There was space between the mattress and the sides and end panels of the crib which exceeded one and one-half inches.
- 8. The mattress cover was not waterproof.
- 9. The mattress cover was torn.

10. Other: [].

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

Corrective Action Plan Due: 02/15/2024

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: 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 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: 02/15/2024

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.

<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: 02/15/2024

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-12-02 License Posted | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | | |
| 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 September 6, |
| | | 1 |
| | | 2024. |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | Risk Level 3, Audit #9961439, Expires |
| | | March 1, 2024. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | Documenting Statement(s), if applicable |
| Qualifications | Compliant | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | · | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| Rule | Ctatus | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Status Compliant | Documenting Statement(s), if applicable |
| Whistle Blower Protection | Compliant | |
| Williams Blower Frotestion | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Health Training | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the requirements of the rule |
| | | regarding health training were discussed. |
| | | Technical assistance was provided to the |
| | | program regarding all staff having CPR, |
| | | First Aid, and Child Abuse training as |
| | | required by rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |

| 5101:2-12-11 Indoor Space Requirements | Compliant | |
|--|---------------------|--|
| Rule 5101:2-12-11 Separation of Children Under 2 1/2 Years | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-12-11 Outdoor Space Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-12-11 Outdoor Play Equipment | Status Compliant | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall Zones | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The protective material used under outdoor equipment was wooden mulch. |
| Rule Rule: 5101:2-12-13 Handwashing Requirements | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Children were viewed washing their hands, as required by the rule. |
| Rule 5101:2-12-13 Smoke Free Environment | Status Compliant | Documenting Statement(s), If applicable |
| Rule Rule: 5101:2-12-14 Transportation and Field Trip Procedures | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. |
| Rule 5101:2-12-14 Transportation - Driver Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - Vehicle Requirements | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: An annual safety check of the vehicles, using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated 10/20/2023, 10/25/2023, and 11/24/2023. |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Care Plans | | had current information on the medical |
| | | status and the required treatment plan |
| | | for the children with health conditions. |
| | | |
| | <u>.</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| <u> </u> | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: During the |
| , | ' | inspection, the requirements of the rule |
| | | regarding emergency drills were |
| | | discussed. |
| | | |
| | 1 | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, the requirements of the rule |
| 1 resultions | | regarding first aid kits and standard |
| | | precaution procedures were discussed. |
| | | Technical assistance was provided to the |
| | | program regarding the ice pack and the |
| | | milk for a tooth saver on the bus first aid |
| | | kit. |
| | | KIL. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | g countries (o), it applies is |
| Communicable Disease | Compilant | |
| Communication Discuss | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | boomening statement(s), it applicable |
| Reporting | Compliant | |
| Keporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | Documenting Statement(s), ii applicable |
| STOT.Z-TZ-TO WITHLEH DISASIEI FIAH | Compliant | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | bocamenting statement(3), it applicable |
| JIJI.2 12 17 Daily Schedule | Compilant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | 2000 |
| Equipment | 20 | |
| -43.6 | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|--|
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | 0 |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | | · |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | <u> </u> |
| | <u>'</u> | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | | |
| _ | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff |
| | | Members were supervising the children |
| | | and were able to intervene as needed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate |
| | | child guidance techniques and practices |
| | | were observed being used during the |
| | | inspection. |
| | | · |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The program |
| Requirements | | served the following: Ravoli, green beans, |
| | | pineapple, and milk. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|--------------------------------|---|
| 5101:2-12-22 Safe Food | Compliant | 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Handling/Storage | , | |
| <u> </u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
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| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Diapering and | Compliant | Documenting Statement: Appropriate |
| Toilet Training | | diaper changing procedures were |
| | | observed during the inspection in the |
| | | infant room. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s) If applicable |
| Rule: 5101:2-12-24 Swimming and | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The program |
| Rule: 5101:2-12-24 Swimming and | Status Compliant | Documenting Statement: The program |
| 1,000 | | Documenting Statement: The program had inspection reports on file for on-site |
| Rule: 5101:2-12-24 Swimming and | | Documenting Statement: The program had inspection reports on file for on-site pool. License #P52901, Expires May 31, |
| Rule: 5101:2-12-24 Swimming and | | Documenting Statement: The program had inspection reports on file for on-site |
| Rule: 5101:2-12-24 Swimming and | | Documenting Statement: The program had inspection reports on file for on-site pool. License #P52901, Expires May 31, |
| Rule: 5101:2-12-24 Swimming and | | Documenting Statement: The program had inspection reports on file for on-site pool. License #P52901, Expires May 31, |
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements | Compliant | Documenting Statement: The program had inspection reports on file for on-site pool. License #P52901, Expires May 31, 2024. |
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements Rule | Compliant | Documenting Statement: The program had inspection reports on file for on-site pool. License #P52901, Expires May 31, 2024. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements Rule Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program had inspection reports on file for on-site pool. License #P52901, Expires May 31, 2024. Documenting Statement(s), If applicable Documenting Statement: The program |
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements Rule Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program had inspection reports on file for on-site pool. License #P52901, Expires May 31, 2024. Documenting Statement(s), If applicable Documenting Statement: The program had complete written documentation for |
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements Rule Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program had inspection reports on file for on-site pool. License #P52901, Expires May 31, 2024. Documenting Statement(s), If applicable Documenting Statement: The program had complete written documentation for administering medication or food |
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements Rule Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program had inspection reports on file for on-site pool. License #P52901, Expires May 31, 2024. Documenting Statement(s), If applicable Documenting Statement: The program had complete written documentation for administering medication or food supplements. |
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements Rule Rule: 5101:2-12-25 Medication Administration Rule | Status Compliant Status Status | Documenting Statement: The program had inspection reports on file for on-site pool. License #P52901, Expires May 31, 2024. Documenting Statement(s), If applicable Documenting Statement: The program had complete written documentation for administering medication or food |
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements Rule Rule: 5101:2-12-25 Medication Administration Rule 5101:2-12-08 Child Care Staff Member | Status Compliant | Documenting Statement: The program had inspection reports on file for on-site pool. License #P52901, Expires May 31, 2024. Documenting Statement(s), If applicable Documenting Statement: The program had complete written documentation for administering medication or food supplements. |
| Rule: 5101:2-12-24 Swimming and Water Safety Requirements Rule Rule: 5101:2-12-25 Medication Administration Rule | Status Compliant Status Status | Documenting Statement: The program had inspection reports on file for on-site pool. License #P52901, Expires May 31, 2024. Documenting Statement(s), If applicable Documenting Statement: The program had complete written documentation for administering medication or food supplements. |