

# **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	ails	
Program Name	Program Number		Program Type
ELYRIA HORIZON EDUCATION CENTER	000000306847		Child Care Center
Address 10347 DEWHURST ROAD ELYRIA OH 44035			County LORAIN
Building Approval Date 05/28/2005	Use Group/Code E	Occupancy Limit 299	Maximum Under 2 ½
Fire Inspection Approval Date 11/10/2022	Food Service Risk L Level II	evel	•

Inspection Information					
Inspection Type	Inspection Sc	cope	Inspection Notice		
Annual	Full		Unannounced		
Inspection Date	Begin Time 8	:30 AM	End Time 11:29 AM		
11/01/2023					
Reviewer:					
Brittani Aloi					
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)		0	0	0
Young Toddler		5	0	5
Total Under 2 ½ Years	13	5	0	5
Older Toddler		7	0	7
Preschool		25	19	44
School Age		0	70	70
Total Capacity/Enrollment	141	32	89	126

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

102	3 years to < 4 years	1 to 6	
102	3 years to < 4 years	2 to 9	
104	School-Age to < 11 years	2 to 15	Before school- 104/107 combined
105	School-Age to < 11 years	2 to 23	Before School- 105/106 combined
101	3 years to < 4 years	3 to 10	
101	3 years to < 4 years	4 to 12	
103	18 months to < 30 months	2 to 6	
103	18 months to < 30 months	2 to 10	
Head Start	3 years to < 4 years	1 to 1	
Head Start	3 years to < 4 years	2 to 8	

# **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		

# **Moderate Risk Non-Compliances**

Domain: 09 Children's Files

Rule: 5101:2-12-15 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) 1, 39 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: 12/01/2023

## **Low Risk Non-Compliances**

## **Domain: 02 Safe & Sanitary Environment**

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

<u>Code</u>: The program is required to follow the cleaning schedule for equipment.

<u>Finding</u>: During the inspection, it was determined that the program was not providing a clean and healthy environment, furniture, materials and equipment as required by Appendix A, as noted in number(s) 6 below:

- 1. Item(s) soiled with blood or bodily fluids were not cleaned/sanitized immediately.
- 2. Blankets/sheets were not cleaned weekly, when soiled, or before use by another child.
- 3. Children's individual blankets and belongings were stored in an unsanitary manner.
- 4. Bottles, bottle caps, nipples and other equipment used for bottle feeding were not cleaned and sanitized in a dishwasher or by washing, rinsing, and boiling for one minute.
- 5. Carpets were not vacuumed weekly or cleaned when soiled.
- 6. Changing table/pad was not sanitized after each use or cleaned when visibly soiled.
- 7. Reusable cloths were not being washed daily or when visibly soiled.
- 8. Cots/Pads/Mats were not cleaned and sanitized before assigning to a different child, when used by a sick child, when soiled or at least every three months.
- 9. Cribs were not cleaned and sanitized monthly, or when soiled, or before use by another child.
- 10. Diaper Receptables were not cleaned and sanitized daily or more frequently as needed to eliminate odor.

- 11. Dishes/Cups/Silverware were not cleaned and sanitized after each use.
- 12. Water Containers were not labeled with the child's name, or were not cleaned and sanitized before use again on another day.
- 13. Dividers were not cleaned when visibly soiled.
- 14. Dress up clothes and hats (dramatic play) were not cleaned monthly or when soiled.
- 15. Floors were not cleaned weekly or when soiled.
- 16. The food prep area, including sinks, were not cleaned before and after preparing food (including bottle preparation) or between preparing raw or cooked food.
- 17. Potty chairs were not cleaned after each use, rinsed with water, cleaned and sanitized or contents were not emptied into a toilet.
- 18. Food tables, highchair trays were not cleaned before and after each use.
- 19. Tables used for play were not cleaned when visibly soiled or sanitized daily.
- 20. Toilet bowls were not cleaned when visibly soiled or sanitized weekly.
- 21. Toilet seat(s), handle(s) and hand washing sink(s) were not cleaned when visibly soiled or sanitized daily.
- 22. Mouthed toys were not cleaned and sanitized after each child's use.
- 23. Toys, other than those mouthed by children, were not cleaned monthly or when visibly soiled.
- 24. Washable furniture, including fabrics on infant equipment, were not cleaned weekly or when soiled.
- 25. Upholstered furniture was not steam cleaned when soiled.
- 26. Slip covers were not washed at least every six months or when soiled.
- 27. Wastebaskets/rinse buckets, including lids, were not being emptied daily or cleaned and sanitized when visibly soiled.
- 28. The manufacturer's directions for the cleaning product were not followed.
- 29. The solution used for sanitizing was not a commercial product registered by the United States Environmental Protection Agency as a sanitizer.

30. Other [ ].

Furniture, materials and equipment must be maintained according to the cleaning and sanitizing schedule in Appendix A to this rule. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

# Domain: 08 Staff Files

Rule: 5101:2-12-08 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) 1, 6(a) 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: 12/01/2023

# Rules In-Compliance/Not Verified

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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(c) If applicable
Rule: 5101:2-12-04 Fire Inspection	Compliant	Documenting Statement(s), If applicable  Documenting Statement: Please Note:
Rule: 5101.2-12-04 Fire Inspection	Compliant	Documentation of a fire inspection
		without any uncorrected violations must
		be secured for the program. Secure a
		new fire inspection by 11/10/23.
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:
		CKNL-CP5JHV, 3/1/24.
Rule: 5101:2-12-04 Food Service	Compliant	Documenting Statement: The off-site
Requirements	Compilant	food processing establishment's current
nequirements		Ohio Department of Agriculture
		registration information was observed
		during the inspection.
		0 1 1
	_	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	bootinenting statement(3), it approaches
Responsibilities/Requirements		
, ,		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-07 Written Program	Compliant	Documenting Statement: No changes
Policies and Procedures		have been made to the written policies
		and procedures since it was last approved
		by this Department.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation Training &	Compliant	Documenting Statement(s), it applicable
Whistle Blower Protection	Compilation	
Thistic Biotici i Totection	I	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-09 Background Check	Compliant	
Requirements	·	
Rule	Status	Documenting Statement(s), If applicable

Designating:	1	1
5101:2-12-10 Health Training	Compliant	
Requirements		
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	Compliant	
Requirements		
перапенен	I.	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Separation of Children	Compliant	bocamenting statement(s), if applicable
	Compliant	
Under 2 1/2 Years		
Distr	Chabina	Danish and Chataman (1) if
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Space	Compliant	
Requirements		
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Environment	Compliant	
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Compliant	
Requirements		
		<del>_</del>
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation and Field	Compliant	
Trip Procedures		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation - Driver	Compliant	S ( ) FF
Requirements		
	1	
Rule	Status	Documenting Statement(s), If applicable
	Compliant	Documenting Statement: An annual
Rule: 5101:2-12-14 Transportation -	Compilant	_
Vehicle Requirements		safety check of the vehicle(s), using the
		JFS 01230 "Vehicle Inspection Report For
		Child Care Centers" form, were verified

		and dated 4/18/23 (63685, 23335,
		141721, 24559).
		1.17.21, 2.1333).
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-15 Child Medical and	Compliant	
Enrollment Records	·	
	-	<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: Documentation
	·	for completed fire, weather, and
		emergency/lockdown drills was verified
		during this inspection.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 First Aid/Standard	Compliant	Documenting Statement: During the
Precautions		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	Status Compliant	Documenting Statement(s), If applicable
		Documenting Statement(s), If applicable
5101:2-12-16 Management of		Documenting Statement(s), If applicable
5101:2-12-16 Management of Communicable Disease		Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
5101:2-12-16 Management of Communicable Disease	Compliant	
5101:2-12-16 Management of Communicable Disease	Compliant	
5101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury	Compliant	Documenting Statement(s), If applicable
5101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting	Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
5101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting	Compliant  Status  Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: No changes
5101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting	Status Compliant Status Status	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: No changes have been made to the disaster plan since
S101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting  Rule Rule: 5101:2-12-16 Written Disaster	Status Compliant Status Status	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: No changes
S101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting  Rule Rule: 5101:2-12-16 Written Disaster	Status Compliant Status Status	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: No changes have been made to the disaster plan since
S101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting  Rule Rule: 5101:2-12-16 Written Disaster Plan	Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable Documenting Statement: No changes have been made to the disaster plan since it was last approved by this Department.
S101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting  Rule Rule: 5101:2-12-16 Written Disaster Plan	Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: No changes have been made to the disaster plan since
S101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting  Rule Rule: 5101:2-12-16 Written Disaster Plan	Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable Documenting Statement: No changes have been made to the disaster plan since it was last approved by this Department.
S101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting  Rule Rule: 5101:2-12-16 Written Disaster Plan	Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable Documenting Statement: No changes have been made to the disaster plan since it was last approved by this Department.
S101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting  Rule Rule: 5101:2-12-16 Written Disaster Plan  Rule  S101:2-12-17 Daily Schedule	Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable Documenting Statement: No changes have been made to the disaster plan since it was last approved by this Department.  Documenting Statement(s), If applicable
S101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting  Rule Rule: 5101:2-12-16 Written Disaster Plan  Rule S101:2-12-17 Daily Schedule	Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable Documenting Statement: No changes have been made to the disaster plan since it was last approved by this Department.
S101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting  Rule Rule: 5101:2-12-16 Written Disaster Plan  Rule 5101:2-12-17 Daily Schedule  Rule 5101:2-12-17 Materials and	Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable Documenting Statement: No changes have been made to the disaster plan since it was last approved by this Department.  Documenting Statement(s), If applicable
S101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting  Rule Rule: 5101:2-12-16 Written Disaster Plan  Rule S101:2-12-17 Daily Schedule	Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: No changes have been made to the disaster plan since it was last approved by this Department.  Documenting Statement(s), If applicable
S101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting  Rule Rule: 5101:2-12-16 Written Disaster Plan  Rule 5101:2-12-17 Daily Schedule  Rule 5101:2-12-17 Materials and Equipment	Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement: No changes have been made to the disaster plan since it was last approved by this Department.  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
S101:2-12-16 Management of Communicable Disease  Rule 5101:2-12-16 Incident/Injury Reporting  Rule Rule: 5101:2-12-16 Written Disaster Plan  Rule 5101:2-12-17 Daily Schedule  Rule 5101:2-12-17 Materials and	Status Compliant  Status Compliant  Status Compliant  Status Compliant  Status Compliant	Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement: No changes have been made to the disaster plan since it was last approved by this Department.  Documenting Statement(s), If applicable

Rule	Status	Documenting Statement/s) If applicable
		Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-18 Ratio	Compliant	Documenting Statement: Staff/child
Nuie. 5101.2-12-16 Natio	Compliant	ratios observed during the inspection
		were in compliance.
		were in compliance.
Rule	Status	Documenting Statement/s) If applicable
		Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	
1	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Attendance Records	Compliant	boomening statement(s), it approads
5101.2 12 10 /tterradirec records	Compilant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	
STOTIL IL IS SUPERVISION	Compilation	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	0 (" 11
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cots and Napping	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack	Compliant	
Requirements		
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	
Handling/Storage		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-23 Diapering and	Compliant	Documenting Statement: During the
Toilet Training		inspection, there was discussion
		concerning diapering routines. Child-care
Toilet Training		·



		staff indicated diapers were changed at appropriate intervals throughout the day.
	I a	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-24 Swimming and Water	Compliant	
Safety Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-25 Medication	Compliant	
Administration		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member	Compliant	
Educational Requirements	·	