

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 | ils | |
|-------------------------------|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| Victorum Learning Center | 000000503877 | | Child Care Center |
| | | | |
| Address | | | County |
| 6783 STAEGER RD CELINA | | | MERCER |
| OH 45822 | | | |
| | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 05/23/2001 | E | 263 | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 09/18/2018 | Level III | | |

| Inspection Information | | | | | |
|----------------------------|------------------------|---------------|------------------|-------------------|--------------|
| Inspection Type | Îns | spection Scop | oe . | Inspection Notice | |
| Complaint | Pa | artial | | Unannounced | |
| Inspection Date 07/21/2023 | Ве | egin Time 10: | 30 AM | End Time 2:30 PM | |
| Reviewer: | | | | | |
| Heather Sanchez | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-com | npliances N | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 5 | 5 | 24 | 1 | 3 | 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 | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 91 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 278 | 0 | 0 | 0 |

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

| 1 to 6 | |
|---------|---|
| 1 to 6 | |
| 2 to 9 | |
| 2 to 9 | |
| 2 to 8 | |
| 1 to 2 | |
| 1 to 8 | |
| 2 to 13 | |
| 1 to 7 | |
| 2 to 19 | |
| 3 to 26 | combined with |
| | rabbit room |
| 1 to 24 | |
| 1 to 22 | |
| 2 to 34 | combined with |
| | lightning bugs |
| 1 to 10 | |
| 1 to 9 | |
| | 1 to 6 2 to 9 2 to 9 2 to 8 1 to 2 1 to 8 2 to 13 1 to 7 2 to 19 3 to 26 1 to 24 1 to 22 2 to 34 |

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

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

<u>Code</u>: The program is required to notify their local public children services agency of any suspicion of abuse or

neglect against a child.

<u>Finding</u>: During the inspection, it was determined that the program failed to immediately notify their local public children services agency of suspicions that a child had been abused or neglected. Provide staff training. Submit the program's corrective action plan, which includes a description of action taken to assure that all staff are knowledgeable of their responsibilities, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule. CCSM in the Squirrel classroom had concerns regarding a child who had marks on his legs that to them, resembled fingerprints. Was reported to administrator, but not reported CPS

Corrective Action Plan Due: 08/13/2023



Moderate Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Child Guidance

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

<u>Finding</u>: Through staff interviews during the inspection, it was determined that a Child Care Staff Member had used the inappropriate techniques in number 8,10 below when managing unacceptable behavior in children:

- 1. Utilize cruel, harsh, unusual, or extreme techniques;
- 2. Utilize any form of corporal punishment;
- 3. Delegate children to manage or discipline other children;
- 4. Use physical restraints on a child;
- 5. Restrain a child by prone restraint or any means other than holding children for a short period of time, such as in a protective hug, so that the children may regain control;
- 6. Place children in a locked room or confine children in any enclosed area;
- 7. Confine children to equipment such as cribs or highchairs;
- 8. Humiliate, threaten or frighten children- during staff interviews, staff shared that they had observed another staff member taking a toddler child's shirt off aggressively
- 9. Subject children to profane language or verbal abuse;
- 10. Make derogatory or sarcastic remarks about children or their families; during staff interviews several staff shared that they witnessed another staff member say things such as "I hate you" and "You're stupid" to a child
- 11. Punish children for failure to eat or sleep or for toileting accidents;
- 12. Withhold any food (including snacks and treats), rest or toilet use;
- 13. Punish an entire group of children due to the unacceptable behavior of one or a few;
- 14. Isolate and restrict children from all activities for an extended period of time.

Child Care Staff Members and other employees must always use appropriate guidance and management methods with children. 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: 09/07/2023

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-19 Supervision

<u>Code</u>: The program staff is required to supervise children in their assigned group by sight and hearing. Supervision includes being near enough to respond and reach children immediately and protecting them from harm.

<u>Finding</u>: During the inspection, it was determined that children were left unattended while inside the program as noted in number 1 below:

- 1. Children were left unattended once when CCSM in Bug room (infants under 1 year) left classroom to answer the door when I arrived. She stated that there was no other CCSM in the room when she stepped out.
- 2. Child(ren) were left unattended more than once.
- 3. Child(ren) left the group and were unattended.
- 4. Child care staff were using a baby monitor to supervise children.
- 5. Child care staff were using a walkie talkie to supervise children.
- 6. Child care staff were using mirrors to view children in another room.
- 7. Child care staff were using a video camera instead of physically being present in the room.
- 8. Other [].

Children must be supervised and within sight and hearing of a child care staff member at all times. 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: 09/07/2023

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

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

<u>Finding</u>: During the inspection, required staff/child ratios were not maintained for different groups on multiple occasions, as noted below:

The ratio determined for the school age group was 1 Child Care Staff Member for 24 children. Additionally, a ratio of 1 Child Care Staff Member(s) for 6 children was determined for the bug group (with one child under 1 year old)

A ratio of 2 CCSM to 34 children in the combined groups of Owl (schoolage) and Lightning Bug (preschool), with the youngest child being 4 years old

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

Corrective Action Plan Due: 09/07/2023



Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-12-03 Inspection Requirements

<u>Code</u>: The program is required to notify parents when a serious risk noncompliance is cited. The program must provide a copy of the written notice to ODJFS.

<u>Finding</u>: During the inspection, it was determined the program did not provide a written or electronic notice of a serious risk noncompliance (SRNC), as noted in number 1 below:

- 1. The written notice was not provided to all parents of enrolled children within fifteen business days of receipt of the noncompliance from the 6/28/2023 complaint inspection
- 2. The written notice was not provided to all parents of enrolled children within five business days of receipt of the decision of the finding being upheld following the request for review.
- 3. A copy of the written notice wasn't provided to ODJFS.
- 4. The written notice did not include a statement informing parents of the ODJFS web site and/or the location of further information regarding the SRNC.

Submit the program's corrective action plan, which includes a copy of the written parent notification, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/07/2023

Domain: 05 Health & Safety

Rule: 5101:2-12-16 Incident/Injury Reporting

<u>Code</u>: The program is required to complete the JFS 01299 "Incident/Injury Report" for injuries and incidents at the program, provide a copy to the person who picks the child up on the day of the incident, and retain a copy of the form onsite at the program for one year.

<u>Finding</u>: In review of the records and staff interviews, it was determined the program did not meet the requirements for completing a JFS 01299 "Incident/Injury Report" as noted in number 4 below:

- 1. The JFS 01299 was not completed when a child became ill or received an injury which required first aid treatment.
- 2.The JFS 01299 was not completed when a child was transported to a source for emergency assistance.
- 3. The JFS 01299 was not completed when a child received a bump or blow to the head.
- 4. The JFS 01299 was not completed when an unusual or unexpected incident which jeopardized the safety of a child or employee of a program- during staff interviews, staff indicated that an incident report was not filled out for a child who had handprint like marks on his leg

- 5. The parent or a person picking up the child did not receive the JFS 01299 on the day of the incident.
- 6. The program information (program name, number, address) was incomplete on the JFS 01299.
- 7. Child's name was incomplete on the JFS 01299.
- 8. Child's birthdate was incomplete on the JFS 01299.
- 9. Name of person(s) responsible for the child at the time of the incident was incomplete on the JFS 01299.
- 10. Number of children present in the group at the time of the incident was incomplete on the JFS 01299.
- 11. Date and/or time of the incident was incomplete on the JFS 01299.
- 12. Whether or not parents were contacted was incomplete on the JFS 01299.
- 13. Complete summary of the incident was incomplete on the JFS 01299.
- 14. Accurate summary of the incident was incomplete on the JFS 01299.
- 15. Name and/or signature of the person completing the form was incomplete on the JFS 01299.
- 16. The JFS 01299 was not kept on file at the program for at least one year.
- 17. 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 | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Not Verified | |
| Inspection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
|---|--|---|
| 5101:2-12-04 Food Service | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | |
| Suspension | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Responsibilities/Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not Verified | |
| Policies and Procedures | | |
| 2015 4 F 27 10 5 5 5 7 10 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Not Verified | |
| Whistle Blower Protection | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Not Verified | |
| Requirements | Special residence and a special programmer of the control of | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | |
| Requirements | Not remied | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | Bodinenting Statement(s), it applicable |
| Development Requirements | 1400 VCITICU | |
| Development nequilements | 1 | |
| Rule | Status | Documenting Statement/s) If annieship |
| | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Not verified | |
| Requirements | | |
| Dil | | D (C) 1 () 15 () 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Not Verified | |
| Under 2 1/2 Years | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|--|--|---|
| 5101:2-12-11 Outdoor Space | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
| / | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Not Verified | |
| | SAMPAGE STATE SAMPAGE | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Not Verified | |
| Environment | STATE OF STATE ASSESSMENT ASSESSMENT | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | becamening statement(s), it applicable |
| Requirements | Not verified | |
| Requirements | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Not Verified | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Not Verified | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Not Verified | |
| Requirements | | |
| · · | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Not Verified | |
| Requirements | 1100 VCIIIICA | |
| - Nequilements | I. | |
| Rule | Chatus | Documenting Statement/s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |

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| 5101:2-12-15 Child Medical and | Not Verified | |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| TANK CHARLES | | Documenting statement(s), if applicable |
| 5101:2-12-15 Medical/Physical Care | Not Verified | |
| Plans | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Not Verified | |
| General Emergency Plan | | |
| Series and Berney Frank | I. | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), if applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | |
| Precautions | | |
| | 30 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | 7-1) |
| Communicable Disease | Not vermed | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | |
| | | |
| Reporting | | |
| Reporting | | |
| Reporting | Status | Documenting Statement(s), If applicable |
| Rule | | Documenting Statement(s), If applicable |
| | Status Not Verified | Documenting Statement(s), If applicable |
| Rule | | Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan | Not Verified | |
| Rule 5101:2-12-16 Written Disaster Plan Rule | Not Verified Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan | Not Verified | |
| Rule 5101:2-12-16 Written Disaster Plan Rule | Not Verified Status | |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule | Not Verified Status Not Verified | Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule | Not Verified Status Not Verified Status | |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and | Not Verified Status Not Verified | Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule | Not Verified Status Not Verified Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and | Not Verified Status Not Verified Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and | Not Verified Status Not Verified Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment | Not Verified Status Not Verified Status Not Verified | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule Rule | Not Verified Status Not Verified Status Not Verified Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule Rule | Not Verified Status Not Verified Status Not Verified Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play | Status Not Verified Status Not Verified Status Not Verified Status Not Verified | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
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| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play | Status Not Verified Status Not Verified Status Not Verified Status Not Verified | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play | Status Not Verified Status Not Verified Status Not Verified Status Not Verified Status Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
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| Rule 5101:2-12-16 Written Disaster Plan Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play | Status Not Verified Status Not Verified Status Not Verified Status Not Verified Status Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | zeedinerum, gedatermerut(e)) ii appineaute |
| STOTIL TE TS CHING CONGUINCE | Not vermed | |
| | k . | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not Verified | became mile statement(s), it applicable |
| 3101.2 12 20 cots and Napping | Not vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Not Verified | booding statement(s), it approase |
| 5101.2 12 20 0Hb3 | Not verified | |
| | l. | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Not Verified | bocumenting statement(s), it applicable |
| 100 March 100 Ma | Not verified | |
| Care | 1 | |
| - 1 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | |
| .,, | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Not Verified | 0 |
| Preparation | | |
| Toparation | I. | |
| Rule | Status | Documenting Statement(s) If applicable |
| | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Not verified | |
| Training | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Not Verified | |
| Safety Requirements | | |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------|--------------|---|
| 5101:2-12-25 Medication | Not Verified | |
| Administration | | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |