

Family Child Care 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 Details | | | |
|--------------------|-----------------|-------------------|--|
| Program Name | Program Number | Program Type | |
| WALIAGHA, LATEEFAH | 000000937914754 | FCC - Type B Home | |
| Address | | County | |
| 8672 Copperview Dr | | FRANKLIN | |
| | | | |
| Dublin | | | |
| OH 43016 | | | |

| Inspection Information | | | | | |
|------------------------|---|---------------|-------------------|--------------|--|
| Inspection Type | Inspection So | соре | Inspection Notice | | |
| Compliance | Full | (3)40 | Unannounced | | |
| Inspection Date | Begin Time | Begin Time Er | | End Time | |
| 02/21/2025 | 10:00 AM | 10:00 AM | | 11:57 AM | |
| Reviewer: | | | | | |
| Melinda Irwin | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances No. Serious Risk N | | No. Moderate Risk | No. Low Risk | |
| 69 | 4 | 0 | 1 | 4 | |

| 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 | 1 | 1 |
| Total Under 2 Years | 3 | 0 | 1 | 1 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 6 | 0 | 0 | 1 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--|--|--|
| Group | Group Age Group/Range Ratio Observed Comment | | |
| Lateefah Waliagha 1 to 0 | | | |



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

Domain: 09 Children's Files

Rule: 5180:2-13-15 Health Conditions

Code: 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.

Findings: 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 numbers 22, 23, and 30 below:

1. No plan was on file.

(Page 1)

- 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: 03/23/2025



Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-12 Safe Environment

Code: The program is required to store cleaning and sanitizing supplies in a place that is inaccessible to children. Cleaning agents, aerosol cans and chemical substances must be stored in their original container or clearly labeled. School-age children may use cleaning supplies and equipment with adult supervision.

Findings: During the inspection, cleaning and sanitizing equipment and supplies were not stored properly as noted in numbers 2, 15, and 16 below:

- 1. Cosmetics were accessible to children in the [] area.
- 2. Disinfecting cleaners were accessible to children in the bathroom area, no children in attendance
- 3. Fish food was accessible to children in the [] area.
- 4. Hand lotion was accessible to children in the [] area.
- 5. Hand sanitizer (for children under 24 months) was accessible to children in the [] area.
- 6. Laundry detergent was accessible to children in the [] area.
- 7. Powder dish washing soap was accessible to children in the [] area.
- 8. Paint cans were accessible to children in the [] area.
- 9. White out was accessible to children in the [] area.
- 10. Potting Soil was accessible to children in the [] area.
- 11. Other potentially hazardous substance [] was accessible to children in the [] area.
- 12. Cleaning/sanitizing supplies had not been clearly labeled.
- 13. School-age children were using cleaning supplies, agents and/or equipment without adult supervision.
- 14. A spray aerosol was used in the [] group while children were in attendance.
- 15. Plug in and perfume.
- 16. Aerosol can found in living room area, no children in attendance.

Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance is no longer accessible to children and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/23/2025

Domain: 05 Health & Safety

Rule: 5180:2-13-16 Emergency Preparedness and Response Plan

Code: The program is required to have a completed emergency preparedness and response plan.



Findings: During the inspection, it was determined the program's written emergency preparedness and response plan did not meet the requirement or was missing the information in numbers 3, 5, 6, 7, and 10 below: Procedures:

- 1. The written emergency and preparedness and response plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism including a designated safe site where staff and children can safely remain when evacuated
- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats including a designated safe site where staff and children can safely remain when evacuated
- 6. Outbreaks, epidemics or other infectious disease emergencies
- 7. Loss of power, water, or heat
- 8. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 10. Assisting infants, toddlers and children with special needs and/or health conditions
- 11. Emergency contact information for parents and the program
- 12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 13. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 16. Making the plan available to all child care staff members and employees
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials
- 20. The plan was unable to be implemented in that, [].

Submit the program's corrective action plan, which includes the missing information, if applicable, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/23/2025

Domain: 08 Staff Files

Rule: 5180:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for training listed in number 10 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of completion of First Aid training



- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups the program serves and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of the CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 03/23/2025

Domain: 08 Staff Files

Rule: 5180:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for training listed in number 10 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of the completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training



- 12. Communicable Disease did not have verification of the completion of CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 03/23/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|--|
| 5180:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location | Compliant | |
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| Rule | Sttu- | D |
| | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical | Compliant | bootinenting statement(o), it applicable |
| 3100.2 13 02 1 Tovider ivicalear | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-03 Inspection | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | Compilation | |
| Tor Type B nornes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Flammable and | Compliant | |
| Combustible Materials in a Type B | Compilant | |
| Notice State | | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Heaters in a Type B | Compliant | |
| Home | • | |
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| Rule | Status | Desumenting Statement(s) If applicable |
| | 20 W20 | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Provider Responsibilities | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5180:2-13 Written Policies and | Compliant | |
| Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | , | |
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| Rule | Status | Documenting Statement(s) If applicable |
| Part Particular | | Documenting Statement(s), If applicable |
| 5180:2-13-08 Employee Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Child Care Staff | Compliant | |
| STORY ASSOCIATION TO THE STORY CONTROL NEWSFILM OF CONTROL | | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-13-08 Whistle Blower | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-10 Professional | Compliant | |
| Development | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 181, 241, 241, 241, 241, 241, 241, 241, 24 | 2 | Documenting Statement(s), if applicable |
| 5180:2-13-11 Outdoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Equipment | Compliant | bocumenting statement(s), it applicable |
| 3180.2-13-11 Outdoor Equipment | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Fall Zone | Compliant | C (n |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
| V-101 M-002 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |



| 5180:2-13-13 Clean environment and equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Smoke Free | Compliant | bootimenting statement(s), if approache |
| P. J. | Chabita | Described States and All States and |
| Rule 5180:2-13-15 Child Medical and | Status | Documenting Statement(s), If applicable |
| Enrollment Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Handwashing | Compliant | |
| | Leave | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field and Routine Trips | Compliant | Documenting statement(3), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Ratio and Supervision | Compliant | bocumenting statement(s), if applicable |
| for Field and Routine Trips | Соприант | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections | Compliant | Booking statement(s), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention | Compliant | Dodanienting statement(s), it applicable |
| and Confidentiality | | |



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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills | Compliant | <i>S</i> |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases | Compliant | Booding States ment(s), it approaches |
| | - Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Incident/Injury | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming | Compliant | Documenting Statement(s), if applicable |
| 5180.2-15-17 Trogramming | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-17 Materials and | Compliant | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-18 Group Size and Ratios | Compliant | Documenting Statement(s), if applicable |
| 3180.2-13-18 Group Size and Natios | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5180:2-13-18 Attendance | Status Compliant | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| 5180:2-13-18 Attendance | Compliant | |
| 5180:2-13-18 Attendance Rule | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5180:2-13-18 Attendance | Compliant | |
| 5180:2-13-18 Attendance Rule | Compliant | |



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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
| PC-CM470/109 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5180:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocamenting statement(s), if applicable |
| 5180:2-13-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5180:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 2007/2001/20 | | Documenting Statement(s), if applicable |
| 5180:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
| 200440.07 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 1445-1440 | | bocamenting statement(s), it applicable |
| 5180:2-13-22 Meals and Snacks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocamenting statement(s), if applicable |
| 5180:2-13-22 Food Handling | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| No. No. and the second | | bocamenting statement(s), if applicable |
| 5180:2-13-22 Fluid Milk | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bootamenting statement(s), it applicable |
| 5180:2-13-23 Infant Daily Care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| ituic | Julius | bocamenting statement(s), it applicable |



| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 Parent Permission for | | Documenting statement(s), it applicable |
| Swimming | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication Requirements | Compliant | |
| Rule | Status | Documenting Statement(s) If applicable |
| 5180:2-14-06 Health Conditions | | Documenting Statement(s), If applicable |
| 5160:2-14-06 Health Conditions | Compliant | |
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