

# **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       |  |
| Lucky Academy LTD                                  | 2200022632          |                         | Child Care Center  |  |
| Address<br>79 North Wilson Rd Columbus<br>OH 43204 |                     |                         | County<br>FRANKLIN |  |
| Building Approval Date                             | Use Group/Code      | Occupancy Limit         | Maximum Under 2 ½  |  |
| 11/19/2020   | E                   | 49                      | 18                 |  |
| Fire Inspection Approval Date                      | Food Service Risk L | Food Service Risk Level |                    |  |
| 09/19/2022   | Level II            |                         |                    |  |

|                            |                        | Inspection Info       | rmation           |                   |  |
|----------------------------|------------------------|-----------------------|-------------------|-------------------|--|
| Inspection Type            | I                      | nspection Scope       | Inspection        | Notice            |  |
| Follow-up                  | F                      | ull                   | Unannou           | nced              |  |
| Inspection Date 05/03/2023 | E                      | Begin Time 3:35 PM    | End Time          | 3:40 PM           |  |
| Inspection Date 05/03/2023 | E                      | Begin Time 10:32 AM   | End Time          | 1:45 PM           |  |
| Reviewer:                  |                        |                       |                   |                   |  |
| Rebecca Worrell            |                        |                       |                   |                   |  |
| Reviewer:                  |                        |                       |                   |                   |  |
| Rebecca Worrell            |                        |                       |                   |                   |  |
|                            |                        | Summary of F          | indings           |                   |  |
| No. Rules Verified         | No. Rules with Non-cor | mpliances No. Serious | Risk No. Moderate | Risk No. Low Risk |  |
| 58                         | 8                      | 0                     | 1                 | 8                 |  |

| 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)                                  |                  | 8          | 0         | 8     |
| Young Toddler   |                  | 6          | 0         | 6     |
| Total Under 2 ½ Years                                     | 18               | 14         | 0         | 14    |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 23         | 0         | 23    |
| School Age  |                  | 18         | 0         | 18    |

| Total Capacity/Enrollment   49   43   0   57 |
|--|
|--|

| Staff-Child Ratios at the Time of Inspection |                          |                |            |  |
|--|--------------------------|----------------|------------|--|
| Group  | Age Group/Range          | Ratio Observed | Comment    |  |
| Infant                                       | 0 to < 12 months         | 1 to 2         | at arrival |  |
| Infant                                       | 0 to < 12 months         | 1 to 2         | nap        |  |
| Toddler                                      | 18 months to < 30 months | 1 to 3         | at arrival |  |
| Toddler                                      | 18 months to < 30 months | 1 to 5         | nap        |  |
| Preschool                                    | 3 years to < 4 years     | 1 to 5         | at arrival |  |
| Preschool                                    | 3 years to < 4 years     | 2 to 6         | nap        |  |
| School Age                                   | School-Age to < 11 years | 1 to 7         | pm group   |  |

# **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 |   |
|  |   |
|  | 1 |
|  |   |
|  |   |
|  | _ |

# **Moderate Risk Non-Compliances**

**Domain: 07 Diapering & Infant Care** 

Rule: 5101:2-12-20 Cribs

Code: The program staff is required to remove any items listed in rule that are a potential suffocation risk from

cribs.

<u>Finding</u>: During the inspection, it was determined that a child had been placed in a crib with an object that created a potential strangulation or suffocation risk, as indicated in number(s) 4 below:

1. Bib

- 2. Pacifier clip/ribbon
- 3. Teething jewelry
- 4. Blanket for infant under twelve months old
- 5. Pillow
- 6. Boppie
- 7. Bumper pad
- 8. Clothing stored in the crib
- 9. Diaper bag
- 10. Object or toy strung over the crib in which a child can pull himself up
- 11. Stuffed animal that is large/soft enough to conform to the shape of the child's face
- 12. Other [ ]

The rule prohibits any item which obstructs child-care staff's visibility or poses a risk of strangulation or suffocation from being placed on or in a crib. Remove the item(s) immediately. 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: 06/02/2023

#### **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>: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number(s) [8 below:

- 1. Open pull cords that are not closed loop.
- 2. Telephone cords.
- 3. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 4. Stacked chairs.
- 5. Employee(s) purse(s).
- 6. Diaper bags.
- 7. Television not securely anchored.
- 8. Small or lightweight pieces of shelving units are not securely anchored to the wall. (school age shelf very wobbly)

- 9. Smoke detector needing batteries replaced.
- 10. Staff member stepped over a barrier/gate while holding a child.
- 11. Emergency exits were blocked by the following classroom furniture: [ ].
- 12. Other [ ].

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: 06/02/2023

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Handwashing Requirements

Code: The program is required to have all children wash their hands as outlined in rule.

<u>Finding</u>: During the inspection, it was determined that at least one child in the Preschool group did not wash his or her hands at the time listed in number(s) 1 below, as required in rule.

- 1. Upon arrival.
- 2. Prior to departure.
- 3. After toileting/diaper change.
- 4. After contact with bodily fluids.
- 5. After returning from outdoor play.
- 6. After handling pets, pet cages, or other pet objects that have come in contact with the pet, before moving on to another activity.
- 7. Before eating or assisting with food preparation.
- 8. After water activities.
- 9. When visibly soiled (must use soap and water)
- 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: 06/02/2023

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

Rule: 5101:2-12-12 Safe Equipment

Code: The program is required to use straps on equipment that is manufactured with straps.

<u>Finding</u>: During the inspection, it was determined that the following equipment was not used according to manufacturer's guidelines as noted in number(s) 2 below:

- 1. The straps were missing on the [ ].
- 2. The straps were attached, but were not used on the infant seat.
- 3. The straps were attached and were used, but were not used in a safe manner.
- 4. Manufacturer's guidelines for the [ ] were not followed in that [ ].

Provide staff training. Submit the program's corrective action plan, which includes a statement that training has been provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/02/2023

# Domain: 05 Health & Safety

Rule: 5101:2-12-22 Meal and Snack Requirements

<u>Code</u>: The program is required to provide food that does not pose as a choking hazard and is appropriate for the age of the children.

<u>Finding</u>: During the inspection, it was determined that the infant and toddler groups were served uncut meatballs, which posed a choking hazard. 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: 07 Diapering & Infant Care**

Rule: 5101:2-12-23 Infant Bottle and Food Preparation

Code: The program staff is required to label bottles containing formula or breast milk.

<u>Finding</u>: During the inspection, it was determined that bottles containing [breast milk/formula] for a particular infant were not labeled with the child's name and date of preparation. 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: 09 Children's Files

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

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

Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 4 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Domain: 09 Children's Files

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

<u>Code</u>: 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)7,9 & 10 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: 06/02/2023

### **Domain: 10 Written Policies & Procedures**

Rule: 5101:2-12-16 Written Disaster Plan

<u>Code</u>: The program is required to train child care staff members and employees on the written disaster plan annually and keep written documentation of the training on-site.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement for training child care staff members and employees on the plan annually as noted in number(s) 1 below:

- 1. Child care staff members and employees were not trained annually.
- 2. Written documentation of the training was not kept on file.

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

Corrective Action Plan Due: 06/02/2023

# 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 | bocamenting statement(s), ii applicable   |
|                                  |           |   |
|                                  |           |   |
| 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 | Documenting Statement(s), if applicable   |
| Inspection                       | Compliant |   |
| Inspection                       |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Fire Inspection     | Compliant | 5 (" 11                                   |
|                                  |           |   |
|                                  |           | (1) (1)                                   |
| 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:  |
|                                  |           | Audit number 9970970 expires 3/1/24.      |
| Rule: 5101:2-12-04 Food Service  | Compliant | Documenting Statement: The off-site       |
| Requirements                     |           | food processing establishment's current   |
|                                  |           | Ohio Department of Agriculture            |
|                                  |           | registration information was observed     |
|                                  |           | during the inspection.                    |
|                                  |           |   |
|                                  |           |   |
| 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 |   |
| Responsibilities/Requirements        |           |   |
| responsibilities, requirements       |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Written Program         | Compliant | bocumenting statement(s), it applicable     |
| Policies and Procedures              | Compliant |   |
| Policies and Procedures              |           |   |
| 2.1                                  | l c       |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees        |
|                                      |           | had current medical statements on file.     |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-08 Child Care Staff  | Compliant | Documenting Statement: All Child Care       |
| Member Educational Requirements      |           | Staff Members had verification of           |
|                                      |           | educational requirements on file at the     |
|                                      |           | program.                                    |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Orientation Training &  | Compliant |   |
| Whistle Blower Protection            |           |   |
|                                      |           |   |
| 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.                   |
|                                      |           | Tot all employees listed.                   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-10 Health Training   | Compliant | Documenting Statement: The program          |
| Requirements                         | Compliant | had at least one Child Care Staff Member    |
| Requirements                         |           |   |
|                                      |           | with currently valid training in First Aid, |
|                                      |           | Management of Communicable Disease,         |
|                                      |           | CPR, and Child Abuse Prevention present     |
|                                      |           | and readily accessible during all hours of  |
|                                      |           | operation.                                  |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Indoor Space            | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
|                                      |           |   |

| Beginning!                           |           |   |
|--------------------------------------|-----------|---|
| 5101:2-12-11 Separation of Children  | Compliant |   |
| Under 2 1/2 Years                    |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Space     | Compliant | Documenting Statement: The quarterly  |
| Requirements                         |           | playground inspections were completed   |
| ·                                    |           | and documented, as required. The most   |
|                                      |           | recent inspection report form was dated   |
|                                      |           | 2/15/23.  |
|                                      |           | , , ,   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant | , , , , , , , , , , , , , , , , , , ,   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Sanitary Equipment and  | Compliant |   |
| Environment                          |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Smoke Free        | Compliant | Documenting Statement: A notice was   |
| Environment                          |           | observed posted stating that smoking is   |
|                                      |           | prohibited at the program.  |
|                                      |           |   |
|                                      |           |   |
| 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.  |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental,  | Compliant | Documenting Statement: On the day of  |
| and General Emergency Plan           |           | the inspection, the complete prescribed   |
|                                      |           | JFS 01242 "Medical, Dental, and General   |
|                                      |           | Emergency Plan For Child Care" were   |
|                                      |           | posted in the program as required.  |
|                                      |           |   |
|                                      |           |   |
| 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  |
|                                      |           |   |
| 1 1                                  |           | Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and |

| DESIGNATION                           |                  |   |
|---------------------------------------|------------------|---|
|                                       |                  |   |
|                                       |                  |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard       | Compliant        | <u> </u>  |
| Precautions                           |                  |   |
| Trecadions                            |                  |   |
|                                       | T                |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of            | Compliant        |   |
| Communicable Disease                  |                  |   |
|                                       |                  |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Incident/Injury          | Compliant        | , , , , , , , , , , , , , , , , , , ,   |
| Reporting                             | Compilation      |   |
| Reporting                             |                  |   |
|                                       |                  |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule     | Compliant        | Documenting Statement: Daily schedules  |
|                                       |                  | were observed posted.   |
|                                       |                  | ·   |
|                                       | -                |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Materials and            |                  | bocumenting statement(3), if applicable   |
|                                       | Compliant        |   |
| Equipment                             |                  |   |
|                                       |                  |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant        | Documenting Statement: Outdoor play   |
| ,                                     | ·                | was observed for the preschool group(s).  |
|                                       |                  | The control of the process of growth (c)  |
|                                       |                  |   |
| Dulo                                  | Ctatus           | Desumenting Statement/s) If applicable  |
| Rule                                  | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity         | Compliant        |   |
|                                       |                  |   |
|                                       |                  | 1   |
| Rule                                  | Status           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio              | Compliant        | Documenting Statement: The Appendix A   |
|                                       |                  | "Staff/Child Ratios, Age Grouping and   |
|                                       |                  | Maximum Group Size" was posted in a   |
|                                       |                  | noticeable area at the program as   |
|                                       |                  | Houseanie area at the program as  |
|                                       |                  |   |
|                                       |                  | required.   |
|                                       |                  | required.   |
|                                       |                  | required.   |
| Rule                                  | Status           | required.  Documenting Statement(s), If applicable  |
|                                       |                  | Documenting Statement(s), If applicable   |
| Rule Rule: 5101:2-12-18 Group Size    | Status Compliant | Documenting Statement(s), If applicable  Documenting Statement: The group sizes   |
|                                       |                  | Documenting Statement(s), If applicable  Documenting Statement: The group sizes observed on the day of the inspection                     |
|                                       |                  | Documenting Statement(s), If applicable  Documenting Statement: The group sizes   |
|                                       |                  | Documenting Statement(s), If applicable  Documenting Statement: The group sizes observed on the day of the inspection                     |
| Rule: 5101:2-12-18 Group Size         | Compliant        | Documenting Statement(s), If applicable  Documenting Statement: The group sizes observed on the day of the inspection were in compliance. |
| Rule: 5101:2-12-18 Group Size         | Compliant        | Documenting Statement(s), If applicable  Documenting Statement: The group sizes observed on the day of the inspection                     |
| Rule: 5101:2-12-18 Group Size         | Compliant        | Documenting Statement(s), If applicable  Documenting Statement: The group sizes observed on the day of the inspection were in compliance. |

| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|--------------------------------------|-----------|--|
| 5101:2-12-19 Supervision             | Compliant |  |
| D. J.                                | Chahara   |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance          | Compliant |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cots and Napping  | Compliant | Documenting Statement: The rest area     |
| ., -                                 | ·         | had adequate lighting, which allowed for |
|                                      |           | the visual supervision of children.      |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-21 Evening and Overnight   | Compliant |  |
| Care                                 |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |  |
| Rule                                 | Status    | Decumenting Statement(s) If applicable   |
| 5101:2-12-22 Safe Food               |           | Documenting Statement(s), If applicable  |
| Handling/Storage                     | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Infant Daily Care       | Compliant |  |
| Rule                                 | Status    | Documenting Statement(s) If applicable   |
| 5101:2-12-23 Diapering and Toilet    | Compliant | Documenting Statement(s), If applicable  |
| Training                             | Compilant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-25 Medication              | Compliant |  |
| Administration                       |           |  |