

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 Det | ails | | |
|----------------------------------|---------------------|-------------------------|-------------------|--|
| Program Name | Program Number | | Program Type | |
| Learn To Play Childcare Center | 2210024898 | | Child Care Center | |
| Address 530 N Center St Lagrange | | | County LORAIN | |
| OH 44050 | | | LONAIN | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 08/23/2021 | E | 116 | | |
| Fire Inspection Approval Date | Food Service Risk L | Food Service Risk Level | | |
| 05/16/2022 | Level III | | | |

| Inspection Information | | | | |
|----------------------------|------------------------------|---------------------|-------------------|--------------|
| Inspection Type | Inspecti | on Scope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 01/24/2023 | Begin Ti | me 10:10 AM | End Time 12:30 PM | |
| Inspection Date 01/24/2023 | Begin Ti | me 2:45 PM | End Time 3:07 PM | |
| Reviewer: | | | | |
| Erica Adams | | | | |
| Reviewer: | | | | |
| Erica Adams | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-complianc | es No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 5 | 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) | | 12 | 0 | 12 |
| Young Toddler | | 12 | 0 | 12 |
| Total Under 2 ½ Years | 73 | 24 | 0 | 24 |
| Older Toddler | | 9 | 0 | 9 |
| Preschool | | 19 | 0 | 19 |
| School Age | | 0 | 0 | 0 |

| Total Capacity/Enrollment 84 28 0 52 |
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| | Staff-Child Ratios at the Time of Inspection | | | | |
|-----------|--|----------------|-----------------------------------|--|--|
| Group | Age Group/Range | Ratio Observed | Comment | | |
| Infant 1 | 0 to < 12 months | 1 to 5 | Programming | | |
| Infant 1 | 0 to < 12 months | 1 to 5 | Programming | | |
| Infant 2 | 12 months to < 18 months | 1 to 3 | Programming | | |
| Infant 2 | 12 months to < 18 months | 1 to 3 | Programming | | |
| Toddler 1 | 18 months to < 30 months | 2 to 9 | Programming | | |
| Toddler 1 | 18 months to < 30 months | 2 to 9 | Lunch | | |
| Toddler 2 | 30 months to < 36 months | 1 to 7 | Programming | | |
| Toddler 2 | 30 months to < 36 months | 1 to 7 | Lunch | | |
| Preschool | 3 years to < 4 years | 2 to 11 | Programming - Gross Motor Play | | |
| Preschool | 3 years to < 4 years | 1 to 8 | Lunch | | |

Summary of Non-Compliances

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

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

Domain: 05 Health & Safety

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

Code: Meals and snacks provided or served by the program must include all required food groups and meet the

recommended daily dietary allowances as specified by the USDA.



<u>Finding</u>: During the inspection, it was determined that a meal or snack at the program did not meet the requirements as noted in number 6 below:

- 1. The breakfast served did not include foods from three of the four food groups.
- 2. Snack served did not include foods from two of the four food groups.
- 3. The meal did not provide 1/3 of the recommended daily dietary allowances as specified by the USDA.
- 4. Juice used to meet the fruit or snack component was not 100% undiluted fruit or vegetable juice.
- 5. The meal served did not include an item from the meat or meat alternative group.
- 6. The meal served did not include an item from the bread or grain group.
- 7. The meal served did not include two items from the fruit/vegetable group.
- 8. The meal served did not include a vegetable (two fruits were served).
- 9. The meal served did not include a serving of fluid milk.

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

Corrective Action Plan Due: 02/23/2023

Low Risk Non-Compliances

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

Code: The program is required to provide a safe and sufficient barrier to separate the play and sleeping space.

<u>Finding</u>: During the inspection, it was determined that the barrier between the play and sleeping space did not meet the requirements as noted in number 1 below:

- 1. No barrier had been provided
- 2. The barrier did not prevent the infants from entering the sleeping area.
- 3. The barrier was not safe.
- 4. The barrier was not sturdy.
- 5. The barrier impaired staff's ability to see and hear all sleeping infants in their cribs.
- 6. The barrier was inadequate.
- 7. 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: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 3a and 5.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that 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);
- 4. Tuberculosis (TB) screening/test
- 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 4a;
- 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.
- 5. The completed medical examination was not on file

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/23/2023

Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.



<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number 1 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/23/2023

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) 2 and 9 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified

nurse practitioner (CNP) who examined the child

- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

- 10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
- 11. Other []

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

Corrective Action Plan Due: 02/23/2023

Rules In-Compliance/Not Verified

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|------------------------------------|---------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | 3 (" 11 |
| Requirements | Compilation | |
| печинения | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: |
| · | · | Documentation of a fire inspection |
| | | without any uncorrected violations must |
| | | be secured for the program. Secure a |
| | | new fire inspection by 5/16/23. |
| | | new me inspection by 3/10/23. |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Status Compliant | Documenting Statement: The food service |
| 10.00 | | |
| Rule: 5101:2-12-04 Food Service | | Documenting Statement: The food service |
| Rule: 5101:2-12-04 Food Service | | Documenting Statement: The food service license was observed posted. Following is |
| Rule: 5101:2-12-04 Food Service | | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-12-05 Denial, Revocation and | Compliant | , , , , , , , , , , , , , , , , , , , |
| Suspension | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | 44,7 |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | 0 (7 11 |
| Responsibilities/Requirements | | |
| The special state of the speci | | |
| 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. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| · | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | 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 | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
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| | | and documented, as required. The most |

| | | recent inspection report form was dated 11/7/22. |
|---|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | bocumenting statement(3), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | became iting statement(3), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing Requirements | Compliant | 0 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment | Compliant | 0 , , , , |
| Bula | Ctatus | Decumenting Statement/s) If applicable |
| Rule 5101:2-12-13 Toothbrushing Requirements | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field Trip Procedures | Compliant | Documenting statement(s), if applicable |
| | | |
| Rule: 5101:2-12-15 Medical/Physical | Status | Documenting Statement(s), If applicable Documenting Statement: The program |
| Care Plans | Compliant | had current information on the medical |
| Care rians | | status and the required treatment plan |
| | | for the children with health conditions. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| DESIGNATION | | |
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| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | 3 (" 11 |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | Compilation | |
| Trecautions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting 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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's |
| Plan | · | written disaster plan was reviewed during |
| | | the inspection and met the requirements. |
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| Rule | Status | Documenting Statement(s) If applicable |
| Rule 5101:2-12-17 Daily Schedule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-17 Daily Schedule | Status Compliant | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| 5101:2-12-17 Daily Schedule Rule | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and | Compliant | |
| 5101:2-12-17 Daily Schedule Rule | Compliant | |
| S101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment | Status Compliant | Documenting Statement(s), If applicable |
| S101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule | Status Compliant Status Status | |
| S101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment | Status Compliant | Documenting Statement(s), If applicable |
| S101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule | Status Compliant Status Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play | Status Compliant Status Compliant Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play | Status Compliant Status Compliant Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-17 Daily Schedule Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule 5101:2-12-18 License Capacity | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule 5101:2-12-18 License Capacity Rule | Status Compliant Status Compliant Status Compliant Status Compliant Status Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule 5101:2-12-18 License Capacity | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Staff/child |
| Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule 5101:2-12-18 License Capacity Rule | Status Compliant Status Compliant Status Compliant Status Compliant Status Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule 5101:2-12-18 License Capacity Rule | Status Compliant Status Compliant Status Compliant Status Compliant Status Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Staff/child |
| Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule 5101:2-12-18 License Capacity Rule | Status Compliant Status Compliant Status Compliant Status Compliant Status Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Staff/child ratios observed during the inspection |
| Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule 5101:2-12-18 License Capacity Rule | Status Compliant Status Compliant Status Compliant Status Compliant Status Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Staff/child ratios observed during the inspection |
| Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule 5101:2-12-18 License Capacity Rule | Status Compliant Status Compliant Status Compliant Status Compliant Status Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Staff/child ratios observed during the inspection |
| Rule 5101:2-12-17 Materials and Equipment Rule 5101:2-12-17 Daily Outdoor Play Rule 5101:2-12-18 License Capacity Rule Rule: 5101:2-12-18 Ratio | Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | bocumenting statement(3), if applicable |
| 5101.2-12-19 Supervision | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 3101.2 12 20 cots and Happing | Compilarie | |
| L | 1 | I |
| Dula | Chahua | Decumenting Statement (a) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 110110 | | Documenting Statement(3), if applicable |
| 5101:2-12-23 Infant Daily Care | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
| - | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Diapering and | Compliant | Documenting Statement: During the |
| | Compliant | |
| Toilet Training | | inspection, there was discussion |
| | | concerning diapering routines. Child-care |
| | | staff indicated diapers were changed at |
| | | appropriate intervals throughout the day. |
| | | , |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), it applicable |
| 5101:2-12-24 Swimming and Water | Compliant | |
| Safety Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program |
| Administration | | had complete written documentation for |
| 7.5711111061061011 | | nad complete written documentation for |



| | administering medication or food supplements. |
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