

# **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 <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 Details          |                |                   |
|--------------------------|----------------|-------------------|
| Program Name             | Program Number | Program Type      |
| Larue's Daycare Playroom | 2210024942     | FCC - Type B Home |
| Address                  |                | County            |
| 264 highview landing     |                | FRANKLIN          |
|                          |                |                   |
| Columbus                 |                |                   |
| OH 43207                 |                |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | Inspection Scope |                   |              |  |
| Compliance             | Full                           | CO MC            | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 02/20/2025             | 4:03 PM                        | 4:03 PM          |                   | 5:54 PM      |  |
| Reviewer:              |                                |                  |                   |              |  |
| Melinda Irwin          |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 69                     | 6                              | 0                | 1                 | 6            |  |

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

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group  | Group Age Group/Range Ratio Observed Comment |        |  |
| Larue's Daycare Playroom                     | Mixed Age Group                              | 1 to 3 |  |



## **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 |  |
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## **Moderate Risk Non-Compliances**

#### Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-12 Safe Environment

Code: The program is required to protect children from any items and conditions which threaten their health, safety, and well-being.

Findings: 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 the program did not protect children from an unsafe equipment due to the following number 8 below:

- 1. Pull cord(s) on the window blind(s).
- 2. Extension cord(s); electrical cord(s) attached to an object that could result in a severe injury if pulled.
- 3. Stacked tables.
- 4. Folding tables.
- 5. Matches and/or a lighter.
- 6. Power tool(s).
- 7. Live wires.
- 8. Stove that are either on or able to be turned on by a child.
- 9. Asbestos.
- 10. Traffic.
- 11. A body of water.
- 12 A well
- 13. Environmental hazard(s) confirmed by local authorities having jurisdiction over the hazard.
- 14. A crockpot used to heat bottles.
- 15. Immediate access to a knife.
- 16. Large or heavy pieces of shelving units are not securely anchored to the wall.



17. Marijuana was accessible to children.

18. Other [ ].

Any hazardous equipment must be removed, replaced, or repaired and any hazardous condition must be corrected and must be made inaccessible to children. Provide staff training. Submit the program's corrective action plan, which includes a statement that the item or condition has been removed and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/22/2025

# **Low Risk Non-Compliances**

**Domain: 00 License & Approvals** 

Rule: 5180:2-13-02 License Visible

Code: The program is required to have their license in a visible area.

Findings: During the inspection, it was determined the provider's license was not in a location visible to parents, as required. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/24/2025

#### Domain: 00 License & Approvals

Rule: 5180:2-13-04 Fire Safety for Type B Homes

Code: The program is required to meet all requirements for fire extinguishers.

Findings: During the inspection, it was determined the fire extinguisher was not meeting the requirements in the following number 3 listed below:

- 1. There was no fire extinguisher.
- 2. The fire extinguisher was not working.
- 3. The fire extinguisher was not rated at the minimum rating.
- 4. The fire extinguisher had expired.
- 5. The fire extinguisher was not located in the kitchen where food is provided for child care or cooking area.

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



Corrective Action Plan Due: 03/22/2025

#### Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 125 degrees in the kitchen and program bathroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 03/22/2025

## 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 6, 7, 8, 9, 12 and 13 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: 03/22/2025

# **Domain: 06 Program Information**

Rule: 5180:2-13-14 Requirements for Field and Routine Trips

Code: The program is required to obtain written parental permission before leaving the premises and retain the forms for at least one year from the date of the trip. Routine trip permission forms must be updated annually.

Findings: In review of the program's records, it was determined that requirements for written permission from the parent/guardian for a field trip or routine trip were not met as listed in number 1 below:

- 1. Written parental permission was not secured for routine trips off the premises.
- 2. The written permission was missing the child's name.
- 3. The written permission was missing the date(s) of the trip(s) (field trips only).
- 4. The written permission was missing the destination(s) of the trip(s).
- 5. The written permission was missing the departure and return time(s) of the trip(s) (field trips only).
- 6. The written permission was missing the signature of the parent.
- 7. The written permission was missing the date on which the permission was signed.
- 8. The written permission was missing a statement notifying parents how their child will be transported.
- 9. Permission forms for routine trips were not being updated annually.
- 10. Written parental permission forms for field trips and/or routine trips were not being maintained on file for at least one year from the date of the trip.
- 11. Other: [ ].

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

Corrective Action Plan Due: 03/22/2025

## Domain: 09 Children's Files

Rule: 5180:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.



Findings: In review 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 numbers 4, 13 and 15 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 [ ]

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

Corrective Action Plan Due: 03/22/2025

# Rules In-Compliance/Not Verified

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5180:2-13-02 Voluntary Temporary  | Compliant |   |
| Closure                           |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location   | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS | Compliant |   |
|                                   | 100       |   |
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| Rule                                   | Status                                       | Documenting Statement(s), If applicable  |
| 5180:2-13-02 Provider Medical          | Compliant                                    |  |
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| Rule                                   | Status                                       | Documenting Statement(s), If applicable  |
| 5180:2-13-03 Inspection                | Compliant                                    |  |
| Requirements                           | \$ 1000.0 (2000000) • Dubbing Settler of the |  |
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| Rule                                   | Status                                       | Documenting Statement(s), If applicable  |
| 5180:2-13-04 Building Requirements     | Compliant                                    |  |
|  | Compliant                                    |  |
| for Type B Homes                       |  |  |
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| D. I.                                  | Ch. A.                                       | D  |
| Rule                                   | Status                                       | Documenting Statement(s), If applicable  |
| 5180:2-13-04 Flammable and             | Compliant                                    |  |
| Combustible Materials in a Type B      |  |  |
| Home                                   |  |  |
| 1                                      |  |  |
| Rule                                   | Status                                       | Documenting Statement(s), If applicable  |
| 937798-4                               |  | Documenting Statement(s), if applicable  |
| 5180:2-13-04 Heaters in a Type B       | Compliant                                    |  |
| Home                                   |  |  |
|  |  | <u> </u>   |
|  | 20   |  |
| Rule                                   | Status                                       | 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                                    | C and a second of the second o |
| 510012 10 07 Hovider Responsibilities  | Compilant                                    |  |
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|  | <u> </u>                                     |  |
| Rule                                   | Status                                       | Decumenting Statement(s) If a validable  |
| 3445-346-3465                          | Status                                       | Documenting 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                                 | 1  |  |
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| Rule                                   | Status                                       | Documenting Statement(s), If applicable  |
|  | N  | bocumenting 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 |   |
| Requirements                   |           |   |
|                                |           |   |
|                                | •         |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower    | Compliant |   |
| 310012 13 00 Willistic Blower  | Compilant |   |
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|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
|                                |           | bocumenting statement(s), it applicable |
| 5180:2-13-09 Background Checks | Compliant |   |
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| Dula                           | Chahara   | December 51 in 11 list 11 list 11       |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Health Training   | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Professional      | Compliant |   |
| Development                    |           |   |
| · ·                            |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Indoor Space      | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                | *         | *                                       |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Space     | Compliant | 0 (7)                                   |
| Siediz 15 11 Guidesi space     | Johnshall |   |
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| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Equipment | Compliant | bocumenting statement(s), if applicable |
| 5160.2-13-11 Outdoor Equipment | Compliant |   |
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| Pule                           | Chatus    | Desumenting Statement   If a well-all-  |
| Rule 5400 2 42 44 5 H 7        | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Fall Zone         | Compliant |   |
|                                |           |   |
| L                              |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment    | Compliant |   |
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|                                |           |   |
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| Rule                           | Status    | Documenting Statement(s), If applicable |
|                                |           |   |



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|------------------------------------|-----------|--|
| 5180:2-13-12 Carbon Monoxide       | Compliant |  |
| Detectors - Type B Only            |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5180:2-13-12 Pets                  | Compliant | 0 ("/                                      |
| 3100.2 13 12 1 013                 | Compilant |  |
|                                    |           |  |
|                                    |           |  |
| p. I                               |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5180:2-13-13 Clean environment and | Compliant |  |
| equipment                          |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5180:2-13-13 Smoke Free            | Compliant |  |
|                                    |           |  |
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|                                    | •         |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5180:2-13-13 Handwashing           | Compliant | G-121-11-11-11-11-11-11-11-11-11-11-11-11  |
| 3100.2 13 13 Hanawasiiii g         | Compilant |  |
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| Dula                               | Chahua    | Decumentian Statement (a) If a malicable   |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5180:2-13-13 Toothbrushing         | Compliant |  |
|                                    |           |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5180:2-13-14 Ratio and Supervision | Compliant |  |
| for Field and Routine Trips        |           |  |
| *                                  |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5180:2-13-14 Driver Requirements   | Compliant |  |
|                                    | , , , ,   |  |
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|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5180:2-13-14 Vehicle Inspections   | Compliant |  |
| 3100.2-13-14 Vehicle hispections   | Compliant |  |
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| Dula                               | Chahira   | Designation Chatage and a life and live Li |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5180:2-13-14 Vehicle Requirements  | Compliant |  |
|                                    |           |  |
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|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable    |
| 5180:2-13-15 Health Conditions     | Compliant |  |
|                                    |           |  |
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| Rule                                       | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Child Records Retention       | Compliant  |  |
| and Confidentiality                        | - Company - Comp |  |
| and confidentiality                        |  |  |
|  |  | <u> </u>   |
| Rule                                       | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Medical, Dental, and          | Compliant  | bocamenting statement(s), it applicable  |
|  | Compliant  |  |
| General Emergency Plan                     |  |  |
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| Rule                                       | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Emergency Drills              | Compliant  |  |
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|  |  |  |
| Rule                                       | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-16 First Aid Kit/Standard        | Compliant  |  |
| Precautions                                |  |  |
|  |  |  |
|  | -  | ·  |
| Rule                                       | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Communicable Diseases         | Compliant  | 2 comment of the comm |
| 5100.2-15-10 Communicable Diseases         | Compliant  |  |
|  |  |  |
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| D. I.                                      | Ct. I  | D C/ \ If   1:   1   |
| Rule                                       | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Incident/Injury               | Compliant  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Rule                                       | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-17 Programming                   | Compliant  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Rule                                       | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-17 Materials and                 | Compliant  |  |
| Equipment                                  |  |  |
| Equipment                                  |  |  |
|  |  | 1  |
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| Pulo                                       | Ctatue   | Documenting Statement(s) If applicable   |
| Rule                                       | Status   | Documenting Statement(s), If applicable  |
| Rule<br>5180:2-13-18 Group Size and Ratios | Status<br>Compliant  | Documenting Statement(s), If applicable  |
|  | *  | Documenting Statement(s), If applicable  |
|  | *  | Documenting Statement(s), If applicable  |
| 5180:2-13-18 Group Size and Ratios         | Compliant  |  |
|  | *  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable   |
| 5180:2-13-18 Group Size and Ratios         | Compliant  |  |
| 5180:2-13-18 Group Size and Ratios  Rule   | Compliant  |  |
| 5180:2-13-18 Group Size and Ratios  Rule   | Compliant  |  |



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|-------------------------------------|---------------|---|
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-19 Supervision            | Compliant     |   |
| 3100.2 13 13 3upervision            | Compilant     |   |
|                                     |               |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision | Compliant     | (-),                                    |
| 3180.2-13-19 School Age Supervision | Compliant     |   |
|                                     |               |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
|                                     |               | becamenting statement(s), it approaches |
| 5180:2-13-21 Evening and Overnight  | Compliant     |   |
| Care                                |               |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
|                                     | 1             | bocamenting statement(s), it applicable |
| 5180:2-13-20 Sleep and Nap          | Compliant     |   |
| Requirements                        |               |   |
| <u></u>                             |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
|                                     |               | Documenting Statement(S), if applicable |
| 5180:2-13-19 Child Guidance         | Compliant     |   |
|                                     |               |   |
|                                     |               |   |
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|                                     |               | D '' () 1 1/ \ I   I'   I               |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-20 Crib and Playpen       | Compliant     |   |
| Requirements                        |               |   |
|                                     |               |   |
|                                     |               | <del>.</del>                            |
|                                     |               | D (1 6 ) (1) (1 ) (1                    |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment   | Compliant     |   |
| and Hygiene                         |               |   |
|                                     |               |   |
|                                     | 1             |   |
| D. I                                | C             |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-22 Meals and Snacks       | Compliant     |   |
|                                     |               |   |
|                                     |               |   |
|                                     | 1             |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-22 Food Handling          | Compliant     |   |
|                                     |               |   |
|                                     |               |   |
| <u> </u>                            | 1             |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-22 Fluid Milk             | Compliant     |   |
| 510012 10 22 Hala Will              | Compilant     |   |
|                                     |               |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Daily Care      | Compliant     | (-), sppsas                             |
|                                     | + COMBUILDING | 1                                       |



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|-------------------------------------|--|---|
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Bottle and Food | Compliant  |   |
| Preparation                         |  |   |
|                                     |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering              | Compliant  | Dodding State Monte (a) in approach     |
|                                     |  |   |
|                                     |  |   |
|                                     |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools          | Compliant  |   |
|                                     |  |   |
|                                     | <u>l</u>   |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites         | Compliant  |   |
|                                     |  |   |
|                                     | 51   |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-24 Parent Permission for  | Compliant  | 3 (7)                                   |
| Swimming                            | Secretary and the secretary of the secre |   |
| -                                   |  |   |
| Rule                                | Chatus   | Decumenting Statement(s) If applicable  |
| 5180:2-13-25 Medication             | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Requirements                        | Compliant  |   |
| nequi ements                        |  |   |
|                                     |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5180:2-14-06 Health Conditions      | Compliant  |   |
|                                     |  |   |
|                                     |  | <u> </u>                                |