

## **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 Deta      | ils             |                   |
|--|-------------------|-----------------|-------------------|
| Program Name   | Program Number    |                 | Program Type      |
| DEMPSEY DAY CARE   | 000000410440      |                 | FCC - Type A Home |
| Address  |                   |                 | County            |
| 361 MADISON DR N   |                   |                 | MADISON           |
|  |                   |                 |                   |
| WEST JEFFERSON   |                   |                 |                   |
| OH 43162   |                   |                 |                   |
| Building and Fire Approvals apply to Type A Family Child | d Care Homes only |                 |                   |
| Building Approval Date                                   | Use Group/Code    | Occupancy Limit | Maximum Under 2 ½ |
| 06/29/2017   |                   | 12              | 3                 |
| Fire Inspection Approval Date                            |                   |                 |                   |
| 11/29/2021   |                   |                 |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection Sc                  | ope              | Inspection Notice |              |
| Compliance                 | Full                           |                  | Announced         |              |
| Inspection Date Begin Time |                                | End Time         |                   |              |
| 05/25/2022                 | 9:30 AM                        |                  | 9:30 AM 12:00 PM  |              |
| Reviewer:                  |                                |                  |                   |              |
| Courtnee Mueller           | Courtnee Mueller               |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 66                         | 1                              | 0                | 0                 | 1            |

| Lic                       | 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             |   | 3          | 0         | 3     |  |
| Preschool                 |   | 2          | 0         | 2     |  |
| School Age                |   | 3          | 0         | 3     |  |
| Total Capacity/Enrollment | 12  | 8          | 0         | 8     |  |

| Staff-Child Ratios at the Time of Inspection |                 |                |                            |
|--|-----------------|----------------|----------------------------|
| Group  | Age Group/Range | Ratio Observed | Comment                    |
| Dempsey Daycare                              | Mixed Age Group | 2 to 5         | 5 at home with 3 in school |





## **Summary of Non-Compliances**

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

| Serious Risk Non-Compliances  |
|---|
|   |
| No Serious Risk Non-Compliances were observed during this inspection  |
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|   |
|   |
|   |
|   |
| Moderate Risk Non-Compliances   |
| No Moderate Risk Non-Compliances were observed during this inspection |
| The moderate man new compliances were executed during this map and    |
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## **Low Risk Non-Compliances**

**Domain: 02 Safe & Sanitary Environment** 

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to refrain from using and storing outdoor machinery around children.

Findings: During the inspections, a potentially hazardous substance, which was determined to not present a serious risk to a child, was accessible to children as noted in number(s) [4., Bathroom cabinets and drawers need to have locks or items need to be removed from the children having accesses.] below:

- 1. Cosmetics
- 2. Disinfecting wipes
- 3. Fish food
- 4. Hand lotion
- 5. Hand sanitizer (for children under 24 months).
- 6. Laundry detergent
- 7. Powder dish washing soap
- 8. Paint cans
- 9. White out
- 10. Potting soil
- 11. Other potentially hazardous substance [ ]

The potentially hazardous substance was determined to be accessible to children in the following 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: 06/24/2022

## **Rules In-Compliance/Not Verified**

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-13-02 License Visible      | Compliant |   |
|                                   | -         |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary  | Compliant |   |
| Closure                           |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location   | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant |   |
|                                   |           |   |
|                                   |           |   |

| Rule                                   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-02 Provider Medical          | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Type A Ownership          | Compliant | 2 countering statement (o)) in approach |
| 3101.2-13-02 Type A Ownership          | Compilant |   |
|  |           |   |
|  |           |   |
|  | -         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                | Compliant |   |
| Requirements                           |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Inspections for  | Compliant |   |
| Type A Homes                           |           |   |
| Type / Tiomes                          |           |   |
|  | 1         |   |
| Rule                                   | Status    | Documenting Statement(s) If applicable  |
|  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Inspections for Type | Compliant |   |
| A Homes                                |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and   | Compliant |   |
| Suspension                             |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records             | Compliant | Boodineming statement(s), in approach   |
| 3101.2-13-07 Staff Records             | Compilant |   |
|  |           |   |
|  | L         |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements     | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff          | Compliant | 3                                       |
|  |           |   |
| Requirements                           |           |   |
|  |           |   |
| Dula                                   | Chahara   | December Chair 1/ ) If It I             |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower            | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
|  | Status    | Documenting Statement(3), it applicable |
| 5101:2-13-09 Background Checks         | Compliant | bocamenting statement(3), ii applicable |

| Rule Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Rule Status Documenting Statement(s), If applicable  |                                |               |   |
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| Rule Status Documenting Statement(s), if applicable Status Status Status Documenting Statement(s), if applicable Status Status Documenting Statement(s), if applicable Status Status Documenting Statement(s), if applicable Status Documenting Statement  | 5101:2-13-10 Health Training   | Compliant     |   |
| Status   Documenting Statement(s), If applicable   |                                | ·             |   |
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| Rule     Status     Documenting Statement(s), If applicable       5101:2-13-11 Outdoor Space     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-11 Outdoor Equipment     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-11 Fall Zone     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-12 Safe Equipment     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-13 Clean environment and equipment     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-13 Handwashing     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-13 Smoke Free     Compliant   |                                | Compliant     |   |
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| Rule  Status  Documenting Statement(s), If applicable  Rule  Status  Documenting Statement(s), If applicable  Rule  Status  Documenting Statement(s), If applicable  | 5101:2-13-11 Outdoor Equipment | Compliant     |   |
| Rule  Status  Documenting Statement(s), If applicable  Rule  Status  Documenting Statement(s), If applicable  Rule  Status  Documenting Statement(s), If applicable  |                                |               |   |
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| Rule Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  |                                |               |   |
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| Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable   | 5101:2-13-12 Safe Equipment    | Compliant     |   |
| Stol1:2-13-13 Clean environment and equipment       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-13 Handwashing       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-13 Smoke Free       Compliant         Rule       Status       Documenting Statement(s), If applicable         Rule       Status       Documenting Statement(s), If applicable   |                                | '             |   |
| Stol1:2-13-13 Clean environment and equipment       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-13 Handwashing       Compliant         Rule       Status       Documenting Statement(s), If applicable         5101:2-13-13 Smoke Free       Compliant         Rule       Status       Documenting Statement(s), If applicable         Rule       Status       Documenting Statement(s), If applicable   |                                |               |   |
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| Rule Status Documenting Statement(s), If applicable  Rule Stop Compliant  Rule Status Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Rule  Status Documenting Statement(s), If applicable   | equipment                      |               |   |
| Rule Status Documenting Statement(s), If applicable  Rule Stop Compliant  Rule Status Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Rule  Status Documenting Statement(s), If applicable   |                                |               |   |
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| Rule Status Documenting Statement(s), If applicable  5101:2-13-13 Smoke Free Compliant  Rule Status Documenting Statement(s), If applicable  | 5101:2-13-13 Handwashing       |               |   |
| Status Documenting Statement(s), If applicable   | Jacob Lo Lo Hallawasiling      | - Compilation |   |
| Status Documenting Statement(s), If applicable   |                                |               |   |
| Status Documenting Statement(s), If applicable   |                                | L             |   |
| Status Documenting Statement(s), If applicable   |                                | -             |   |
| Rule Status Documenting Statement(s), If applicable  |                                |               | Documenting Statement(s), If applicable |
|  | 5101:2-13-13 Smoke Free        | Compliant     |   |
|  |                                |               |   |
|  |                                |               |   |
|  |                                |               |   |
|  | Rule                           | Status        | Documenting Statement(s) If applicable  |
| 5101:2-13-13 TOOTHDrusning Compliant   |                                |               | bocamenting statement(s), if applicable |
|  | 2101:7-13-13 100tubrushing     | Compliant     |   |
|  |                                |               |   |
|  |                                |               |   |

| Rule  | Status                         | Documenting Statement(s), If applicable  |
|---|--------------------------------|--|
| 5101:2-13-14 Requirements for Field   | Compliant                      | bocumenting statement(s), if applicable  |
| and Routine Trips   | Compliant                      |  |
|   |                                |  |
|   | .1                             |  |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Ratio and Supervision  | Compliant                      | boodinenting statement(s), it applicable   |
| for Field and Routine Trips   | Compilant                      |  |
| To Freid and Routine Hips   |                                |  |
|   |                                | <u> </u>   |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Driver Requirements  | Compliant                      |  |
| '   | '                              |  |
|   |                                |  |
|   |                                |  |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Inspections  | Compliant                      |  |
|   |                                |  |
|   |                                |  |
|   |                                |  |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Requirements   | Compliant                      |  |
|   |                                |  |
|   |                                |  |
| 0.1   | CL                             | D :: 5: 1 // ) if 1: 11  |
| Rule 5101:2-13-15 Child Medical and   | Status                         | Documenting Statement(s), If applicable  |
|   | Compliant                      |  |
| Enrollment Records  |                                |  |
|   | ,                              |  |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Health Conditions  | Compliant                      | bocamenting statement(s), it applicable  |
| 3101.2 13 13 Health Conditions  | Compliant                      |  |
|   |                                |  |
|   | <del>.</del>                   | ,  |
| Rule  | Status                         |  |
|   | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention  |                                | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention  | Compliant                      | Documenting Statement(s), If applicable  |
|   |                                | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention  |                                | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention and Confidentiality  Rule  | Compliant                      | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| S101:2-13-15 Child Records Retention and Confidentiality  Rule 5101:2-13-16 Medical, Dental, and                              | Compliant                      |  |
| 5101:2-13-15 Child Records Retention and Confidentiality  Rule  | Compliant                      |  |
| S101:2-13-15 Child Records Retention and Confidentiality  Rule 5101:2-13-16 Medical, Dental, and                              | Compliant                      |  |
| S101:2-13-15 Child Records Retention and Confidentiality  Rule  5101:2-13-16 Medical, Dental, and General Emergency Plan      | Status Compliant               | Documenting Statement(s), If applicable  |
| S101:2-13-15 Child Records Retention and Confidentiality  Rule 5101:2-13-16 Medical, Dental, and General Emergency Plan  Rule | Status Compliant Status Status |  |
| S101:2-13-15 Child Records Retention and Confidentiality  Rule  5101:2-13-16 Medical, Dental, and General Emergency Plan      | Status Compliant               | Documenting Statement(s), If applicable  |
| S101:2-13-15 Child Records Retention and Confidentiality  Rule 5101:2-13-16 Medical, Dental, and General Emergency Plan  Rule | Status Compliant Status Status | Documenting Statement(s), If applicable  |
| S101:2-13-15 Child Records Retention and Confidentiality  Rule 5101:2-13-16 Medical, Dental, and General Emergency Plan  Rule | Status Compliant Status Status | Documenting Statement(s), If applicable  |
| S101:2-13-15 Child Records Retention and Confidentiality  Rule 5101:2-13-16 Medical, Dental, and General Emergency Plan  Rule | Status Compliant Status Status | Documenting Statement(s), If applicable  |

| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant |   |
|---|-----------|---|
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases              | Compliant | Documenting Statement(s), it applicable |
| 3101.2-13-10 Communicable Diseases              | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury                    | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan                      | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance                         | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision                        | Compliant | bocamenting statement(s), it applicable |
| 3101.2 13 13 3uper vision                       | Compilant |   |
|   |           |   |
|   | I a       |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision             | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance                     | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap                      | Compliant |   |
| Requirements                                    |           |   |
|   | l         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen                   | Compliant |   |
| Requirements                                    |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight              | Compliant | ,                                       |
| Care  | , '       |   |
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| D                                      |             | D :: C:                                 |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment      | Compliant   |   |
| and Hygiene                            |             |   |
|  |             |   |
|  | T           |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks          | Compliant   |   |
|  |             |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                | Compliant   |   |
|  |             |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling             | Compliant   |   |
|  |             |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care         | Compliant   |   |
| ·                                      |             |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food    | Compliant   |   |
| Preparation                            | '           |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant   | -                                       |
|  |             |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant   |   |
| Swimming                               |             |   |
| 3                                      |             |   |
| ,                                      | ı           |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant   |   |
| Requirements                           | Compilation |   |
| negalienients                          |             |   |
|  | 1           |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant   | Documenting Statement(3), it applicable |
| 5101.2-15-07 Flovider Responsibilities | Compilant   |   |
|  |             |   |
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| Rule                               | Status     | Documenting Statement(s), If applicable  |
|------------------------------------|------------|--|
| 5101:2-13-18 Group Size and Ratios | Compliant  |  |
| STOTIL TO TO GROUP SIZE and Nacios | Compliant  |  |
|                                    |            |  |
|                                    |            |  |
| Rule                               | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13 Written Policies and     | Compliant  |  |
| Procedures                         | ·          |  |
|                                    |            |  |
|                                    |            |  |
| Rule                               | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Indoor Space          | Compliant  |  |
|                                    |            |  |
|                                    |            |  |
|                                    | T -        |  |
| Rule                               | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Programming           | Compliant  |  |
|                                    |            |  |
|                                    |            |  |
| Rule                               | Ctatus     | Decumenting Statement(s) If applicable   |
| 5101:2-13-24 On-site Pools         | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Off-Site Pools        | Compliant  |  |
|                                    |            |  |
|                                    |            |  |
| Rule                               | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Review Policies and   | Compliant  |  |
| Procedures                         | Compilarit |  |
| 1.10000.00                         |            |  |
|                                    |            |  |
| Rule                               | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Pets                  | Compliant  |  |
|                                    |            |  |
|                                    |            |  |
|                                    |            |  |
| Rule                               | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Swimming Sites        | Compliant  |  |
|                                    |            |  |
|                                    |            |  |
| Dula                               | Chahara    | Danish and the Chaterina of the Chaterin |
| Rule                               | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Materials and         | Compliant  |  |
| Equipment                          |            |  |
|                                    |            |  |
|                                    |            |  |
|                                    |            |  |