## **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      |
| CONLEY, BRENDA     | 00000908282045  | FCC - Type B Home |
| Address            |                 | County            |
| 165 Fairway Circle |                 | HURON             |
|                    |                 |                   |
| Norwalk            |                 |                   |
| OH 44857           |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 05/04/2022             | 9:00 AM                        |                  | 11:40 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Lisa Albright          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 4                              | 0                | 1                 | 3            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 1         | 1     |
| Total Under 2 Years                                       | 2                | 0          | 1         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 1          | 1         | 2     |
| School Age  |                  | 1          | 12        | 13    |
| Total Capacity/Enrollment                                 | 6                | 2          | 13        | 16    |

| Staff-Child Ratios at the Time of Inspection |                      |                |         |
|--|----------------------|----------------|---------|
| Group  | Age Group/Range      | Ratio Observed | Comment |
| Brenda's Group                               | 3 years to < 4 years | 1 to 1         |         |



## **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   |
| Domain: 04 Indoor/Outdoor Space   |
| Rule: 5101:2-13-12 Safe Equipment  Code: The program is required to have appropriate fall surface for indoor equipment.   |
|   |
| Findings: The rule requires that indoor swings, slides, climbers, and climbing apparatus shall not be placed over concrete, tile, carpet, or any similarly hard surface and that indoor climbing equipment more than three feet |
| high have landing mats at least one and one-half inches thick. During the inspection, it was determined that this requirement was not met, in that the mats were not used according to the manufacturer's guidelines. Submit    |
| the program's corrective action plan to verify compliance with this rule.   |
| Corrective Action Plan Due: 06/04/2022  |

## **Low Risk Non-Compliances**

**Domain: 02 Safe & Sanitary Environment** 

Rule: 5101:2-13-12 Safe Environment



Code: The program is required to protect children in care from items and conditions that 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 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 the following numbers 5, 9 and 10 below:

- 1. Telephone cords;
- 2. Stacked chairs;
- 3. Employee(s) purse(s);
- 4. Diaper bags;
- 5. Television not securely anchored;
- 6. Small or lightweight pieces of shelving units are not securely anchored to the wall;
- 7. Staff member stepped over a barrier/gate while holding a child;
- 8. Chipping or peeling paint;
- 9. Scissors in drawer that is accessible to children.
- 10. Wax warmer operating within reach of children.

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

Corrective Action Plan Due: 06/04/2022

Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit onsite as required, that included all items listed in the appendix A of the rule. The kit was missing the item or the item was not replaced after use and/or expired listed in number 9 below:

- 1. One roll of first-aid tape;
- Individually wrapped sterile gauze;

squares in assorted sizes;

- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;
- 8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;

- 12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
- 13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
- 14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 06/04/2022

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file for each child.

Findings: In review of 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 7below

:

- 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.

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Corrective Action Plan Due: 06/04/2022

## Rules In-Compliance/Not Verified

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-02 License Visible        | Compliant | bootinenting statement(s), it approach  |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 | - comment g content (c), a spin conte   |
|                                     | '         |   |
|                                     |           |   |
|                                     |           |   |
| 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 | <u> </u>                                |
|                                     | ·         |   |
|                                     |           |   |
| Г                                   |           | 1                                       |
| 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 Requirements  | Compliant |   |
| for Type B Homes                    |           |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant |   |
| Homes                               |           |   |
|                                     | 1         | l                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           |   |

| Degining:                             | Ι                | 1                                       |
|---------------------------------------|------------------|---|
| 5101:2-13-04 Flammable and            | Compliant        |   |
| Combustible Materials in a Type B     |                  |   |
| Home                                  |                  |   |
|                                       |                  |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B      | Compliant        |   |
| Home                                  |                  |   |
|                                       |                  |   |
| Rule                                  | Chatus           | Desumenting Statement/s) If applicable  |
| 1 1                                   | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and  | Compilant        |   |
| Suspension                            |                  |   |
|                                       |                  |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records            | Compliant        |   |
|                                       |                  |   |
|                                       |                  |   |
|                                       |                  |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant        |   |
| Parent                                |                  |   |
|                                       |                  |   |
|                                       |                  |   |
| 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        | Documenting Statement(3), if applicable |
| Requirements                          | Compilant        |   |
| Requirements                          |                  |   |
|                                       |                  |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant        | , , , , , , , ,                         |
|                                       |                  |   |
|                                       |                  |   |
|                                       |                  |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Compliant        |   |
|                                       |                  |   |
|                                       | <u> </u>         |   |
|                                       | I a              |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training          | Compliant        |   |
|                                       |                  |   |
|                                       |                  |   |
| Rule                                  | Status           | Documenting Statement(s), If applicable |
| nuie                                  | Status           | Documenting statement(s), if applicable |

| 5101:2-13-10 Professional<br>Development                       | Compliant |   |
|--|-----------|---|
| 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 |
| 5101:2-13-13 Clean environment and equipment                   | Compliant | bocamenting statement(s), it applicable |
| 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 |
| 5101:2-13-13 Toothbrushing                                     | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field and Routine Trips          | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements                               | Compliant |   |

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| Rule     Status     Documenting Statement(s), If applicable       5101:2-13-14 Vehicle Requirements     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-15 Health Conditions     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-15 Child Records Retention and Confidentiality     Compliant       Rule     Status     Documenting Statement(s), If applicable       Status     Documenting Statement(s), If applicable   |
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| General Emergency Plan   |
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| Rule Status Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills Compliant  |
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| Rule Status Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases Compliant   |
| 3101.2 13 10 communicable biseases Compilant   |
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| Rule Status Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury Compliant   |
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| Rule Status Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan Compliant   |
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| Rule                                    | Status    | Documenting Statement(s), If applicable  |
|---|-----------|--|
| 5101:2-13-19 Supervision                | Compliant |  |
|   |           |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision     | Compliant |  |
| Cacara as as series in ige super rision |           |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance             | Compliant | bocamenting statement(s), it applicable  |
| 5101.2-13-19 Child Guidance             | Compliant |  |
|   |           |  |
|   | 1         |  |
| Rule                                    | Status    | Documenting Statement/s) If applicable   |
| 1 1                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Sleep and Nap              | Compliant |  |
| Requirements                            |           |  |
|   |           |  |
|   |           |  |
| 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                                    |           |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Sanitary Environment       | Compliant |  |
| and Hygiene                             |           |  |
|   |           |  |
|   | •         | •  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks           | Compliant | bookinenting otatement(s), it applicable |
| JIOI.Z-IJ-ZZ IVICAIS AND SHACKS         | Compilant |  |
|   |           |  |
|   | 1         |  |
| Pulo                                    | Ctatus    | Decumenting Statement/s) If a reliable   |
| 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 |  |
|   |           |  |

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|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-23 Infant Bottle and Food    | Compliant |   |
| Preparation                            |           |   |
| Treparation                            |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
|  |           | bocumenting statement(s), it applicable         |
| 5101:2-13-23 Diapering                 | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-24 Parent Permission for     | Compliant |   |
| Swimming                               |           |   |
| S .                                    |           |   |
|  |           | ·   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-25 Medication                | Compliant | 2 5 differentially state mention, it applicable |
|  | Compilant |   |
| Requirements                           |           |   |
|  |           |   |
| -                                      |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-07 Provider Responsibilities | Compliant |   |
|  |           |   |
|  |           |   |
|  |           | ·   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-18 Group Size and Ratios     | Compliant |   |
| 3101.2-13-18 Group Size and Natios     | Compilant |   |
|  |           |   |
|  |           |   |
| - 1                                    | I         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13 Written Policies and         | Compliant |   |
| Procedures                             |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-12 Carbon Monoxide           | Compliant |   |
| Detectors - Type B Only                |           |   |
| Detectors - Type B Offity              |           |   |
|  | I .       |   |
| 0.1                                    |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-11 Indoor Space              | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-17 Programming               | Compliant | ( //  |
| Julia 15 17 Hogianining                |           |   |
|  |           |   |
|  |           |   |

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-24 On-site Pools  | Compliant |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| 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 |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |