## **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      |
| MCENDREE, DEBORAH-ANN | 000000994678188 | FCC - Type B Home |
| Address               | ·               | County            |
| 520 BUENA VISTA BLVD. |                 | JEFFERSON         |
|                       |                 |                   |
| STEUBENVILLE          |                 |                   |
| OH 43952              |                 |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Announced         |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 10/26/2021             | 10:31 AM                       | 10:31 AM         |                   | 11:59 AM     |  |
| Reviewer:              |                                |                  |                   |              |  |
| Shawn Hannan           |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 78                     | 4                              | 0                | 0                 | 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 3          | 0         | 3     |
| School Age  |                  | 5          | 0         | 5     |
| Total Capacity/Enrollment                                 | 6                | 8          | 0         | 10    |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group Age Group/Range Ratio Observed Comment |  |        |  |
| FCC-Mcendree                                 |  | 1 to 3 |  |



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

## **Low Risk Non-Compliances**

**Domain: 04 Indoor/Outdoor Space** 

Rule: 5101:2-13-11 Fall Zone

Code: The program is required to have a fall surface for outdoor equipment.

Findings: During the inspection, it was determined that while there was adequate fall surface material in the outdoor play space, proper distribution had not been maintained under and around climbing/sliding equipment

as required. Submit the program's corrective action plan, which includes a statement that fall surface material has been properly redistributed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/26/2021

Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit

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(s) were missing the item(s) or the item(s) were not replaced after use, when expired or damaged listed in number(s) 1 and 11 below:

- 1. One roll of hypoallergenic first-aid tape;
- 2. 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: 11/26/2021

Domain: 09 Children's Files

Rule: 5101:2-13-15 JFS 01234 'Child Enrollment and Health Information'

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 number(s) 10 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 parent information
- 4. Complete emergency contact information
- 5. Complete physician information
- 6. Information regarding the parent list
- 7. Health information
- 8. Additional information for all boxes checked "yes"
- 9. Emergency transportation information
- 10. Parent/guardian's signature no parent signature in last 12 months for Jayden B. showing form reviewed.
- 11. Diapering Statement
- 12. Acknowledgement of Policies and Procedures
- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
- 14. Enrollment form for at least one child was not signed by the administrator
- 15. Other [ ]

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

Corrective Action Plan Due: 11/26/2021

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

Rule: 5101:2-13-07 Provider Requirements

Code: The program's written policies and procedures are to be given to all parents and employees and be

available at the program.

Findings: During the inspection, it was determined the written policies and procedures were not available at the program as required. A copy must be made available onsite for review. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 11/26/2021

| Rule                               | Status      | Documenting Statement(s), If applicable |
|------------------------------------|-------------|---|
| 5101:2-13-14 Driver Requirements   | Compliant   | Documenting Statement(s), if applicable |
| 3101.2-13-14 Driver Requirements   | Compliant   |   |
|                                    |             |   |
|                                    |             |   |
|                                    | I a         |   |
| Rule                               | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant   |   |
| Care                               |             |   |
|                                    |             |   |
|                                    |             |   |
| Rule                               | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Posted        | Compliant   |   |
|                                    |             |   |
|                                    |             |   |
|                                    |             |   |
| Rule                               | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care     | Compliant   |   |
|                                    |             |   |
|                                    |             |   |
|                                    |             |   |
| Rule                               | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training B     | Compliant   |   |
|                                    | ·           |   |
|                                    |             |   |
|                                    | •           |   |
| Rule                               | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan         | Compliant   | <u> </u>                                |
|                                    |             |   |
|                                    |             |   |
|                                    | •           |   |
| Rule                               | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size  | Compliant   | 6                                       |
| STOTIE TO TO HALLO AND GLOUP SIZE  | Compilation |   |
|                                    |             |   |
|                                    |             | l                                       |
| Rule                               | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size  | Compliant   | Socialiting statement(s), it applicable |
| 5101.2-15-16 Natio and Group Size  | Compliant   |   |
|                                    |             |   |
|                                    |             |   |
| Rule                               | Status      | Documenting Statement(s) If applicable  |
|                                    |             | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space          | Compliant   |   |
|                                    |             |   |
|                                    |             |   |
| D 1                                |             |   |
| Rule                               | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff      | Compliant   |   |
| Requirements                       |             |   |
|                                    |             |   |
|                                    |             |   |
| Rule                               | Status      | Documenting Statement(s), If applicable |

| 5404 2 42 04 5                       |               |   |
|--------------------------------------|---------------|---|
| 5101:2-13-04 Flammable and           | Compliant     |   |
| Combustible Materials in Type B Home |               |   |
|                                      |               |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and    | Compliant     |   |
| Lotions                              | - Compilation |   |
| LOCIONS                              |               |   |
|                                      |               |   |
| - 1                                  |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing             | Compliant     |   |
|                                      |               |   |
|                                      |               |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming             | Compliant     |   |
| 2101.5-13-17 LIORI GIIIIIIIIIII      | Compliant     |   |
|                                      |               |   |
|                                      | <u> </u>      |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools           | Compliant     |   |
|                                      | ·             |   |
|                                      |               |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
|                                      |               | Documenting Statement(S), if applicable |
| 5101:2-13-12 Safe Equipment          | Compliant     |   |
|                                      |               |   |
|                                      |               |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B  | Compliant     |   |
| Homes                                |               |   |
| Homes                                |               |   |
|                                      |               |   |
| D. I.                                | Chahara       | D                                       |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for   | Compliant     |   |
| Swimming                             |               |   |
|                                      |               |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Napping       | Compliant     |   |
|                                      |               |   |
| Requirements for a Licensed Family   |               |   |
| Child Care Provider                  |               |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free              | Compliant     |   |
|                                      |               |   |
|                                      |               |   |
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|                                      | I 6           |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements   | Compliant     |   |
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|-----------------------------------|-------------|--|
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|                                   |             |  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Standard Precautions | Compliant   | , , , , , , , , , , , , , , , , , , ,    |
| 3101.2 13 10 Standard Freedutions | Compliant   |  |
|                                   |             |  |
|                                   |             |  |
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| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Inspections  | Compliant   |  |
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| L                                 |             |  |
| 2 1                               |             |  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Review Policies and  | Compliant   |  |
| Procedures                        |             |  |
|                                   |             |  |
|                                   | •           |  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
|                                   |             | Documenting statement(3), it applicable  |
| 5101:2-13-02 Voluntary Temporary  | Compliant   |  |
| Closure                           |             |  |
|                                   |             |  |
|                                   |             |  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Fluid Milk           | Compliant   | 3 (7)                                    |
| J101.2-13-22 Hald Wilk            | Compliant   |  |
|                                   |             |  |
|                                   |             |  |
|                                   | 1           |  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen     | Compliant   |  |
| Requirements                      | ·           |  |
| neganements                       |             |  |
|                                   |             |  |
| Rule                              | Ctatus      | Desumenting Statement/s) If applicable   |
|                                   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Requirements | Compliant   |  |
|                                   |             |  |
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|                                   | <del></del> |  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Staff Records        |             | bookinenting statement(s), it applicable |
| 3101.2-13-00 Stall Recolus        | Compliant   |  |
|                                   |             |  |
|                                   |             |  |
|                                   |             |  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury      | Compliant   |  |
|                                   | 30          |  |
|                                   |             |  |
|                                   |             |  |
|                                   |             |  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Diapering            | 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           | Documenting Statement(s), it applicable    |
| 3101.2 13 24 3Williaming Sites          | Compilant           |  |
|   |                     |  |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-22 Food Handling              | Compliant           |  |
|   |                     |  |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-12 Safe Environment           | Compliant           | 3 (7 )                                     |
|   | ·                   |  |
|   |                     |  |
| Dula                                    | Chahua              | Decumenting Chatagory (1)                  |
| Rule                                    | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-11 Outdoor Equipment          | Compliant           |  |
|   |                     |  |
|   | -                   |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-19 Child Guidance             | Compliant           |  |
|   |                     |  |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-04 Heaters in a Type B        | Compliant           | 0  |
| Home                                    | ·                   |  |
|   |                     |  |
| Pulo                                    | Ctatus              | Decumenties Statemental If and State       |
| Rule 5101:2-13-14 Ratio and Supervision | Status<br>Compliant | Documenting Statement(s), If applicable    |
| for Field and Routine Trips             | Compliant           |  |
| To Freid and Nouthle Hips               |                     |  |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-16 Medical, Dental, and       | Compliant           |  |
| General Emergency Requirements          |                     |  |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-16 Medical, Dental, and       | Compliant           | 3 (7)                                      |
| General Emergency Requirements          |                     |  |
|   |                     |  |
| Pulo                                    | Ctatus              | Decumenting Chaters and a life and leading |
| Rule 5101:2-13-25 Medication Storage    | Status<br>Compliant | Documenting Statement(s), If applicable    |
| 2101.2-13-23 MEdication Storage         | Compilant           |  |

| Rule                                   | Status      | Documenting Statement(s), If applicable  |
|--|-------------|--|
| 5101:2-13-19 School Age Supervision    | Compliant   |  |
| 3101.2 13 13 36110017 (ge 30per vision | Compilant   |  |
|  |             |  |
|  |             |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster  | Compliant   |  |
| Parent                                 |             |  |
| Tarent                                 |             |  |
|  | 1           |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Bottle and Food    | Compliant   |  |
| Preparation                            |             |  |
| . reparation                           |             |  |
| L                                      | 1           |  |
| Pule                                   | Ctatus      | Decumenting Statement/s) If a well-slate |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing             | Compliant   |  |
|  |             |  |
|  |             |  |
|  | 1           |  |
| Dulo                                   | Ctatus      | Decumenting Statement/s) If applicable   |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Materials and             | Compliant   |  |
| Equipment                              |             |  |
|  |             |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| 7 7                                    |             | bocumenting statement(5), it applicable  |
| 5101:2-13-19 Supervision               | Compliant   |  |
|  |             |  |
|  |             |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean Environment and     | Compliant   |  |
|  | Compilant   |  |
| Equipment                              |             |  |
|  | 1           |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases     | Compliant   |  |
| 310112 10 10 communicable biseases     | Compilation |  |
|  |             |  |
|  |             |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Sanitary Environment      | Compliant   |  |
| and Hygiene                            |             |  |
| and riggicine                          |             |  |
|  | 1           |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication                | Compliant   |  |
| Requirements                           |             |  |
| - Nogan chieffe                        |             |  |
|  | 1           |  |

| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|--------------------------------------|-----------|--|
| 5101:2-13-02 Information in Provider | Compliant |  |
| Portal                               |           |  |
| Tortar                               |           |  |
|                                      | <u>l</u>  |  |
| 0.1                                  |           | D :: (1) 1/ \ I;   I;   I  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Requirements for Field  | Compliant |  |
| and Routine Trips                    |           |  |
| ·                                    |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Whistle Blower          | Compliant | z commente de la commenta del commenta del commenta de la commenta del commenta del commenta de la commenta del commenta del commenta de la commenta del comme |
| 3101.2-13-08 Willstie blower         | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Serious Incident        | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      | •         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|                                      | 1         | bocumenting statement(s), if applicable  |
| 5101:2-13-10 Professional            | Compliant |  |
| Development                          |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Use of Crib and Playpen | Compliant | , , , , , , , , , , , , , , , , , , ,  |
| 3101.2 13 20 03c of chib and haypen  | Compilant |  |
|                                      |           |  |
|                                      |           |  |
|                                      | -         | 1  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child's Medical         | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks        | Compliant | bocamenting statement(s), it applicable  |
| 5101.2-15-22 IVIERIS RITU STRACKS    | Compilant |  |
|                                      |           |  |
|                                      | 1         |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Substitute              | Compliant |  |
| Requirements                         | '         |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Decumenting Statement/s) If and inchis   |
|                                      | Status    | Documenting Statement(s), If applicable  |
|                                      |           |  |
| 5101:2-13-08 Substitute              | Compliant |  |
|                                      |           |  |
| 5101:2-13-08 Substitute              |           |  |
| 5101:2-13-08 Substitute              |           |  |
| 5101:2-13-08 Substitute              |           | Documenting Statement(s), If applicable  |

| 5101:2-13-15 Health Conditions          | Compliant           |   |
|---|---------------------|---|
| Rule                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS       | Compliant           | Documenting statement(s), if applicable |
| Rule                                    | Chahua              | Decumenting Chahomanhia) If annicable   |
| 5101:2-13-11 Outdoor Space              | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical           | Compliant           | bocumenting statement(3), if applicable |
|   | 1 -                 |   |
| Rule 5101:2-13-09 Background Checks     | Status Compliant    | Documenting Statement(s), If applicable |
| Rule                                    | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks          | Compliant           | Bocumenting statement(3), if applicable |
| Dula                                    | Chahira             | Decument of Chahamanhal If and inchia   |
| Rule 5101:2-13-09 Background Checks     | Status  Compliant   | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule 5101:2-13-09 Background Checks     | Status Compliant    | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule<br>5101:2-13-18 Attendance         | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule 5101:2-13-02 Change of Location    | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule 5101:2-13-07 Provider Requirements | Status<br>Compliant | Documenting Statement(s), If applicable |



| Rule                    | Status    | Decumenting Statement(s) If applicable  |
|-------------------------|-----------|---|
| 5101:2-13-03 Inspection | Compliant | Documenting Statement(s), If applicable |
| Requirements            | ·         |   |
|                         |           |   |
|                         |           |   |