# **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      |
| Children of the Rainbow | 2180018377     | FCC - Type B Home |
| Address                 | •              | County            |
| 6585 Birchview Dr South |                | FRANKLIN          |
| na                      |                |                   |
| Reynoldsburg            |                |                   |
| OH 43068                |                |                   |

| Inspection Information  |                                |                  |                   |              |  |
|-------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type         | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance              | Full                           |                  | Unannounced       |              |  |
| Inspection Date         | Begin Time                     |                  | End Time          |              |  |
| 10/17/2022              | 4:10 PM                        | 4:10 PM          |                   | 5:30 PM      |  |
| Reviewer:               |                                |                  |                   |              |  |
| Jamie Nunamaker-Dukuray |                                |                  |                   |              |  |
| Summary of Findings     |                                |                  |                   |              |  |
| No. Rules Verified      | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                      | 3                              | 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   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 4          | 0         | 4     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 24         | 0         | 24    |
| Total Capacity/Enrollment                                 | 6                | 28         | 0         | 29    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Children of the Rainbow                      | 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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|   |  |  |  |  |
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|   |  |  |  |  |
| Moderate Risk Non-Compliances   |  |  |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection |  |  |  |  |
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### **Low Risk Non-Compliances**

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Disaster Plan

Code: The program is required to have a completed written disaster plan.

Findings: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in numbers 15, 16 and 17 below:

#### Procedures:

- 1. The written disaster 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
- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
- 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 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

Add the missing information to the disaster plan. Submit the program's corrective action plan, which includes the missing information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/17/2022

#### Domain: 05 Health & Safety

Rule: 5101:2-13-16 Disaster Plan

Code: The program is required to train child care staff members and employees on the written disaster plan annually and keep written documentation of the training on-site.

Findings: During the inspection, it was determined the program's written disaster plan did not meet the requirement for training child care staff members and employees on the plan annually as noted in numbers 1 and 2 below:

- 1. Child care staff members and employees were not trained annually.
- 2. Written documentation of the training was not kept on file.

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

Corrective Action Plan Due: 11/17/2022

**Domain: 08 Staff Files** 

Rule: 5101:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for training(s) listed in numbers 10 and 14 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups the program serves and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of the CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

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

Corrective Action Plan Due: 11/17/2022

**Domain: 10 Written Policies & Procedures** 

Rule: 5101:2-13 Written Policies and Procedures

Code: The program is required to have policies and procedures for all items listed in this rule.

Findings: On the day of the inspection, the program's written policies and procedures provided to the parents/guardians and employees was missing item numbers 17 and 20 below:

#### **General Information**

- 1. Name, address, email address and telephone number.
- 2. Description of the provider's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- Staff/child ratios and group size.
- 5. Opportunities for parent involvement in activities.
- 6. Opportunities for parents to meet with the provider regarding their child.
- 7. Payment schedule, overtime charges and registration fees if applicable.
- 8. Programs shall have a policy in place describing supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

#### **Provider Policies and Procedures**

- 9. Enrollment including required enrollment information.
- 10. Care of children without immunizations.
- 11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.
- 12. Supervision of children, including a separate supervision policy for school-age children, if applicable.
- 13. Child guidance.
- 14. Suspension and expulsion.
- 15. Ensure compliance with the Americans and Disabilities (ADA) including administering medication to children with disabilities and administering care procedures for children with disabilities.
- 16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice).
- 17. Food and dietary policy, including information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals, and snacks and policy on providing supplemental food.
- 18. Management of illness including isolation precautions, symptoms for discharge and return, notification of parent of ill child and whether or not the provider will care for sick children.
- 19. Summary of procedures taken in the event of an emergency, serious illness or injury.
- 20. Administration of medication and topical products policy, medical foods, modified diets, and whether school age children are permitted to carry their own medical and ointments.
- 21. Transportation policy for field trips, routine walks, if applicable, and emergencies including if the provider will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.
- 22. Water activities/swimming.
- 23. Infant care, if applicable, including feeding, frequency of diaper checks, and information about daily activities.
- 24. Sleeping, napping and resting.
- 25. Evening and overnight care, if applicable.
- 26. Policy on hours of operation, closing due to weather, school delays or closings and any other factors.

- 27. Use of a substitute child care staff member or child care staff member pursuant to 5101:2-13-08 of the Administrative Code for sick days, vacations or other time off.
- 28. Situations that may require disenrollment of a child, if applicable.
- 29. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the family child care home.
- 30. Formal screenings and assessments conducted on enrolled children and if the program reports child level data to ODJFS pursuant to Chapter 5101:2-17 of the Administrative Code.

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

Corrective Action Plan Due: 11/17/2022

## **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                           |           |   |
|                                   |           |   |
| D 1                               | I c       | 5 (1) 1/ 1/ 1/ 1/                       |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location   | Compliant |   |
|                                   |           |   |
|                                   | <u> </u>  | <u> </u>                                |
| 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 |

| 5101:2-13-03 Inspection<br>Requirements                                 | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-13-04 Building Requirements for Type B Homes                     | Compliant           | Documenting Statement(s), if applicable       |
| Rule  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-13-04 Fire Safety for Type B<br>Homes                            | Compliant           | Documenting Statement(s), if applicable       |
| Rule  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-13-04 Flammable and<br>Combustible Materials in a Type B<br>Home | Compliant           | Documenting Statement(s), if applicable       |
| Rule  | Status              | Decumenting Statement(s) If applicable        |
| 5101:2-13-04 Heaters in a Type B<br>Home                                | Compliant           | Documenting Statement(s), If applicable       |
| Rule  | Chatus              | Decumenting Statement(s) If applicable        |
| 5101:2-13-07 Staff Records  | Status Compliant    | Documenting Statement(s), If applicable       |
|   |                     |   |
| Rule 5101:2-13-07 Type B Provider - Foster Parent                       | Status<br>Compliant | Documenting Statement(s), If applicable       |
|   |                     |   |
| Rule 5101:2-13-08 Employee Requirements                                 | Status<br>Compliant | Documenting Statement(s), If applicable       |
| D.J.  | Chahara             | Decree with a Chatan and (a) If a maliable    |
| Rule 5101:2-13-08 Child Care Staff Requirements                         | Status Compliant    | Documenting Statement(s), If applicable       |
| Pode  | Chahira             | Decoration Chateman (1) If any live in        |
| Rule 5101:2-13-08 Whistle Blower  | Status Compliant    | Documenting Statement(s), If applicable       |
| Dula  | Chahua              | Decume outling Chatenes and (1) If a multiple |
| Rule  | Status              | Documenting Statement(s), If applicable       |

| 5101:2-13-09 Background Checks                          | Compliant           |  |
|---|---------------------|--|
| Rule  | 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           | bocumenting statement(s), if applicable        |
| Dul   | Chabina             | Dogwooding Chatamant(a) If anythinkle          |
| Rule 5101:2-13-11 Outdoor Equipment                     | Compliant           | Documenting Statement(s), If applicable        |
| Rule  | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-11 Fall Zone                                  | Compliant           | bocumenting statement(s), if applicable        |
| Dul   | Chabina             | Decrease in a Chatana and (a) If a multi-alida |
| Rule 5101:2-13-12 Safe Equipment                        | Compliant           | Documenting Statement(s), If applicable        |
| Rule  | Status              | Documenting Statement(s), If applicable        |
| 5101:2-13-12 Safe Environment                           | Compliant           | bocumenting statement(s), if applicable        |
|   |                     |  |
| Rule<br>5101:2-13-13 Clean environment and<br>equipment | Status<br>Compliant | Documenting Statement(s), If applicable        |
| Dula  | Chahua              | Decumenting Statement(s) If a militable        |
| Rule<br>5101:2-13-13 Handwashing                        | Status   Compliant  | Documenting Statement(s), If applicable        |
|   |                     |  |
| Rule 5101:2-13-13 Smoke Free                            | Status Compliant    | Documenting Statement(s), If applicable        |
|   |                     |  |
| Rule 5101:2-13-13 Toothbrushing                         | Status<br>Compliant | Documenting Statement(s), If applicable        |

| DESILIZING-                          |           |   |
|--------------------------------------|-----------|---|
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|                                      |           |   |
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| 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 |
| 5101:2-13-14 Ratio and Supervision   | Compliant |   |
| for Field and Routine Trips          |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and       | Compliant |   |
| Enrollment Records                   |           |   |
|                                      |           |   |
|                                      | 1.        |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      |           |   |
|                                      | 1         |   |
| Dula                                 | Chatura   | Decumenting Chatana and A. If the Line  |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
| Dula                                 | Chatura   | Dogumenting State                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant |   |
| General Emergency Plan               |           |   |
|                                      |           |   |
| Dula                                 | Chatura   | Dogumenting State                       |
| 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 First Aid Kit/Standard | Compliant | boomening statement(s)) if approach      |
| Precautions                         | Compilant |  |
| Precautions                         |           |  |
|                                     |           |  |
|                                     |           | 2  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases  | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury        | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     | •         | ,  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance             | Compliant | bootimenting statement(s), it approaches |
| 3101.2-13-16 Attendance             | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     | 1         |  |
| 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 |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance         | Compliant |  |
| 3101.2 13 13 cima daladirec         |           |  |
|                                     |           |  |
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| Pula                                | Ctatus    | Documenting Statement/s) If and itself   |
| Rule                                | 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 | bootinenting statement(s), it applicable |
| _                                   | Compliant |  |
| Care                                |           |  |
|                                     |           |  |

| 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           | Documenting Statement(s), if applicable |
| 3101.2-13-23 Illiant 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           |   |
|  |                     |   |
| L                                      | <u> </u>            |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant           |   |
| Swimming                               | F                   |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant           |   |
| Requirements                           |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement/c) If applicable  |
| 5101:2-13-07 Provider Responsibilities | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-07 Flovider Responsibilities | Compnant            |   |
|  |                     |   |
| 1                                      | l .                 |   |
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| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-18 Group Size and Ratios | Compliant |   |
| · ·                                |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide       | Compliant |   |
| Detectors - Type B Only            |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space          | Compliant | bocumenting statement(s), it applicable |
| 3101.2-13-11 Illudoli Space        | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming           | Compliant |   |
|                                    | ·         |   |
|                                    |           |   |
|                                    |           |   |
| 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 | bocumenting statement(s), it applicable |
| 3101.2-13-12 Fets                  | Compliant |   |
|                                    |           |   |
|                                    | -1        |   |
| 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                          |           |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |