# **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      |
| JnJ's Kiddie Cove Academy LLC | 2210025043     | FCC - Type B Home |
| Address                       |                | County            |
| 4293 beechlawn road           |                | FRANKLIN          |
|                               |                |                   |
| COLUMBUS                      |                |                   |
| OH 43213                      |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Provisional            | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 08/23/2022             | 2:00 PM                        |                  | 4:00 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Erica Lampkins         |                                |                  |                   |              |
| 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)                                 |                  | 2          | 1         | 3     |
| Young Toddler   |                  | 1          | 3         | 4     |
| Total Under 2 Years                                       | 3                | 3          | 4         | 7     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 1         | 1     |
| School Age  |                  | 2          | 6         | 8     |
| Total Capacity/Enrollment                                 | 6                | 2          | 7         | 16    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Janay J.                                     | Mixed Age Group | 1 to 1 |  |



# **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  |
|   |
|   |
|   |
| 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 was missing the information in number 13, 16, 17, 18, and 19 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: 12/21/2022

### Domain: 09 Children's Files

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

Code: The program is required to have a completed 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 10, 11 and 15 below:

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child

- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 01/01/2023

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 1 below:

- 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: 01/01/2023

**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 number 15, 26 and 29 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.
- 4. 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: 12/21/2022

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

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



| Rule                                      | Status    | Documenting Statement(s), If applicable  |
|---|-----------|--|
| 5101:2-13-02 Information in OCLQS         | Compliant |  |
|   |           |  |
|   |           |  |
|   | 1         |  |
| Rule                                      | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Provider Medical             | Compliant |  |
|   |           |  |
|   | <u> </u>  |  |
| Rule                                      | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-03 Inspection                   | Compliant | Boodinenting otatement(o), in applicable |
| Requirements                              |           |  |
| maquin annomia                            |           |  |
|   |           |  |
| Rule                                      | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements        | Compliant |  |
| for Type B Homes                          |           |  |
|   |           |  |
| Pulo                                      | Chatus    | Decumenting Statement/s) If and itself   |
| Rule  E101:2 12 04 Fire Safety for Type P | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Safety for Type B       | Compliant |  |
| Homes                                     |           |  |
|   |           |  |
| Rule                                      | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Flammable and                | Compliant | 3 (" 11                                  |
| 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                                      | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records                | Compliant |  |
|   |           |  |
|   | 1         |  |
| 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  |
| Nuie                                      | Status    | Documenting statement(s), if applicable  |

| E101-2-12-00 Child Care Claff  | Compliant |   |
|--------------------------------|-----------|---|
| 5101:2-13-08 Child Care Staff  | Compliant |   |
| Requirements                   |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower    | Compliant |   |
|                                | '         |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
|                                |           | Documenting statement(s), if applicable |
| 5101:2-13-09 Background Checks | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training   | Compliant |   |
|                                | ·         |   |
|                                |           |   |
|                                | ,         |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional      |           | Documenting Statement(s), it applicable |
|                                | Compliant |   |
| Development                    |           |   |
|                                |           |   |
|                                |           |   |
| 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 | Documenting statement(3), it approaches |
| 3101.2-13-11 Outdoor Equipment | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone         | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment    | Compliant | booking otatement(o), it applicable     |
| Jioi.2-13-12 Sale Equipment    | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment  | Compliant |   |
|                                |           |   |
|                                |           |   |
|                                |           |   |
| - 1                            |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |

| Designation.                        |                     |  |
|-------------------------------------|---------------------|--|
| 5101:2-13-13 Clean environment and  | Compliant           |  |
| equipment                           |                     |  |
|                                     |                     |  |
|                                     |                     |  |
| 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           |  |
|                                     |                     |  |
|                                     |                     |  |
|                                     | CLI                 | D :: C: : : : : : : : : : : : : : : : :  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing          | Compliant           |  |
|                                     |                     |  |
|                                     | 1                   |  |
| Rule                                | Status              | Documenting Statement(s) If applicable   |
| 5101:2-13-14 Requirements for Field | Status<br>Compliant | Documenting Statement(s), If applicable  |
| <u> </u>                            | Compilant           |  |
| and Routine Trips                   |                     |  |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Ratio and Supervision  | Compliant           | bocumenting statement(s), it applicable  |
| for Field and Routine Trips         | Compliant           |  |
| Tor ricid and Routine Trips         |                     |  |
|                                     |                     |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Driver Requirements    | Compliant           | State of the state |
|                                     |                     |  |
|                                     |                     |  |
|                                     |                     |  |
| 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 Health Conditions      | Compliant           |  |
|                                     |                     |  |
|                                     |                     |  |
|                                     | -                   |  |
| Rule                                | Status              | Documenting Statement(s), If applicable  |

| T :                                   | 1 - "     |  |
|---------------------------------------|-----------|--|
| 5101:2-13-15 Child Records Retention  | Compliant |  |
| and Confidentiality                   |           |  |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Medical, Dental, and     | Compliant | Documenting Statement(s), it applicable  |
| General Emergency Plan                | Compliant |  |
| General Emergency Flan                |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills         | Compliant | 3 (" 11  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 First Aid Kit/Standard   | Compliant |  |
| Precautions                           |           |  |
|                                       |           |  |
| P. J.                                 | Chahara   | December 64-to-section 64-to-section 11 11   |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases    | Compliant |  |
|                                       |           |  |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury          | Compliant | Same and Sam |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance               | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision              | Compliant |  |
|                                       |           |  |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision   | Compliant | bocamenting statement(s), if applicable  |
| 3101.2 13 13 3011001 Age 3uper vision | Compilant |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance           | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |

| Designation.                        | T         | <del></del>                                 |
|-------------------------------------|-----------|---|
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-20 Crib and Playpen       | Compliant | Documenting Statement(s), it applicable     |
|                                     | Compilant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-21 Evening and Overnight  | Compliant | Dodamental gotatement (o), in approach      |
| Care                                | Compilant |   |
| 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-22 Fluid Milk             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | T         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-22 Food Handling          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
|                                     | Status    | bocumenting statement(s), if applicable     |
| 5101:2-13-23 Infant Daily Care      | Compliant |   |
|                                     |           |   |
|                                     | 1         | <u> </u>                                    |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-23 Infant Bottle and Food | Compliant | 2 ostilioning occurrence (o), it applicable |
| Preparation                         | Joniphane |   |
| Communication                       |           |   |
|                                     | 1         | ,   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-23 Diapering              | Compliant |   |
|                                     | 1 1 1     |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable     |
|                                     |           |   |

| 5404.2.42.24.2  | I a       | T  |
|---|-----------|--|
| 5101:2-13-24 Parent Permission for  | Compliant |  |
| Swimming  |           |  |
|   | <u> </u>  | 1  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication   | Compliant |  |
| 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 | Bootimenting statement(s)) if approach   |
| STOTIZ TO TO GROUP SIZE WITH NATION   | Compilant |  |
|   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Carbon Monoxide  | Compliant |  |
| Detectors - Type B Only   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Indoor Space   | Compliant | Bootimenting statement(s); in applicable |
| Second of the |           |  |
|   |           |  |
|   |           |  |
| 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 5101:2-12-12 Pote  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Pets   | Compliant |  |
|   |           |  |
|   | ı         |  |
| 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 Equipment | Compliant |  |
|--------------------------------------|-----------|--|
|                                      |           |  |