

# **Center Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

|                               | Program Deta            | ils             |                   |
|-------------------------------|-------------------------|-----------------|-------------------|
| Program Name                  | Program Number          |                 | Program Type      |
| The Child Garden Lagrange     | 00000304823             |                 | Child Care Center |
|                               |                         |                 |                   |
| Address                       |                         |                 | County            |
| 108 US Grant Street Lagrange  |                         |                 | LORAIN            |
| OH 44050                      |                         |                 |                   |
|                               |                         |                 |                   |
|                               |                         |                 |                   |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 03/15/2019                    | E                       | 217             |                   |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |
| 02/21/2023                    | Level III               |                 |                   |

| Inspection Information     |   |      |                   |              |
|----------------------------|---|------|-------------------|--------------|
| Inspection Type            | Inspection So                                   | cope | Inspection Notice |              |
| Annual                     | Full  |      | Unannounced       |              |
| Inspection Date 12/22/2023 | Begin Time 9:05 AM End Tir                      |      | End Time 12:05 PM |              |
| Reviewer:<br>MARY WOODLAND |   |      |                   |              |
| Summary of Findings        |   |      |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances No. Serious Risk |      | No. Moderate Risk | No. Low Risk |
| 58                         | 4   | 0    | 1                 | 3            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 19         | 7         | 26    |
| Young Toddler   |                  | 6          | 3         | 9     |
| Total Under 2 ½ Years                                     | 78               | 25         | 10        | 35    |
| Older Toddler   |                  | 5          | 3         | 8     |
| Preschool   |                  | 24         | 34        | 58    |
| School Age  |                  | 2          | 32        | 34    |
| Total Capacity/Enrollment                                 | 107              | 31         | 69        | 135   |

| Staff-Child Ratios at the Time of Inspection |  |  |  |  |
|--|--|--|--|--|
| Group  | Group Age Group/Range Ratio Observed Comment |  |  |  |



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| Preschool 1  | 3 years to < 4 years     | 1 to 9  | At Arrival                               |
|--------------|--------------------------|---------|--|
| Preschool 1  | 3 years to < 4 years     | 1 to 9  | During Activities                        |
| Infant 1     | 0 to < 12 months         | 2 to 8  | Infant 1 & 2 at<br>Arrival               |
| Infant 1     | 0 to < 12 months         | 2 to 8  | Infant 1 & 2 at<br>Lunch<br>Prep/Napping |
| Toddler      | 18 months to < 30 months | 2 to 7  | At Arrival                               |
| Toddler      | 18 months to < 30 months | 2 to 11 | During Lunch<br>Prep                     |
| Preschool 2  | 4 years to < 5 years     | 1 to 4  | At Arrival                               |
| Preschool 2  | 4 years to < 5 years     | 1 to 13 | During Activities                        |
| School-Age 1 | School-Age to < 11 years | 1 to 12 | At Arrival                               |
| School-Age 1 | School-Age to < 11 years | 1 to 12 | During Activities                        |

#### **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**

#### Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.



<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 7 below:

1. No plan was on file.

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- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.
- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

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- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.
- 27. Printed name(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.

28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.

- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

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- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.



39. The plan was not able to be implemented due to conflicting information.

40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.

41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.

42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.

43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.

44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/21/2024

## Low Risk Non-Compliances

## Domain: 08 Staff Files

Rule: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

1. The child care staff member(s) had not completed at least six hours of professional development.

2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

3. Training topic did not meet the requirements listed in appendix A of this rule.

4. Documentation of training did not meet the requirements of this rule.

5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development 6. Other [].

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



## Corrective Action Plan Due: 01/21/2024

#### Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% 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(s) 10 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.

Corrective Action Plan Due: 01/21/2024

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

Rule: 5101:2-12-16 Written Disaster Plan



<u>Code</u>: 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.

<u>Finding</u>: 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 number(s) 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: 01/21/2024

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

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-12-02 License Posted        | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information   | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection            | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department   | Compliant |   |
| Inspection                         |           |   |
| i                                  |           | i                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note:     |
|                                    |           | Documentation of a fire inspection      |
|                                    |           | without any uncorrected violations must |



| be <u>ginning</u> :                     |                     |  |
|---|---------------------|--|
|   |                     | be secured for the program. Secure a new fire inspection by 2/21/24.   |
| Rule: 5101:2-12-04 Fire Inspection      | Compliant           | Documenting Statement: Although the<br>program had documentation of a current<br>fire inspection without any uncorrected |
|   |                     | violations at the time of the licensing  |
|   |                     | inspection, the program did not have the   |
|   |                     | fire inspection completed within 12 months from the date of the last fire  |
|   |                     | inspection without any uncorrected   |
|   |                     | violations. Please ensure that fire  |
|   |                     | inspections are completed in accordance with the rule requirements.  |
|   |                     | with the rule requirements.  |
|   |                     |  |
| Rule<br>Rule: 5101:2-12-04 Food Service | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: The food service                                       |
| Requirements                            | Compliant           | license was observed posted. Following is  |
|   |                     | the audit number and date of expiration:   |
|   |                     | CKNL-CPGTY and 3/1/24.   |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator              | Compliant           |  |
| Qualifications                          |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Administrator              | Compliant           |  |
| Responsibilities/Requirements           |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-07 Written Program            | Compliant           |  |
| Policies and Procedures                 |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Medical Statement          | Compliant           |  |
|   |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Orientation Training &     | Compliant           |  |
| Whistle Blower Protection               |                     |  |
| Rule                                    | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-09 Background Check     | Compliant           | Documenting Statement: During the  |
| Requirements                            |                     | inspection, the required documentation   |
|   |                     | regarding background checks was on file<br>for all employees listed.   |
|   |                     |  |
|   |                     |  |



| Dula                                  | Chatura             |   |
|---------------------------------------|---------------------|---|
| Rule                                  | Status<br>Compliant | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-10 Health Training    | Compliant           | Documenting Statement: The program          |
| Requirements                          |                     | had at least one Child Care Staff Member    |
|                                       |                     | with currently valid training in First Aid, |
|                                       |                     | Management of Communicable Disease,         |
|                                       |                     | CPR, and Child Abuse Prevention present     |
|                                       |                     | and readily accessible during all hours of  |
|                                       |                     | operation.                                  |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Indoor Space             | Compliant           |   |
| Requirements                          | compliant           |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Separation of Children   | Compliant           |   |
| Under 2 1/2 Years                     |                     |   |
| Dula                                  | Chatura             |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-11 Outdoor Space      | Compliant           | Documenting Statement: The quarterly        |
| Requirements                          |                     | playground inspections were completed       |
|                                       |                     | and documented, as required. The most       |
|                                       |                     | recent inspection report form was dated     |
|                                       |                     | 10/2/23.                                    |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-11 Outdoor Play       | Compliant           | Documenting Statement: The outdoor          |
| Equipment                             |                     | play space and equipment were not           |
|                                       |                     | viewed during this inspection due to rain;  |
|                                       |                     | muddy conditions; however, the              |
|                                       |                     | requirements were discussed.                |
|                                       |                     | requirements were discussed.                |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-11 Outdoor Play Fall  | Compliant           | Documenting Statement: The protective       |
| Zones                                 |                     | surfaces under the outdoor equipment        |
|                                       |                     | were not viewed during this inspection      |
|                                       |                     | due to rain; muddy conditions; however,     |
|                                       |                     | the requirements were discussed.            |
|                                       |                     |   |
| Pulo                                  | Status              | Decumenting Statement(-) If smilles his     |
| Rule                                  | Status<br>Compliant | Documenting Statement(s), If applicable     |
| 5101:2-12-12 Safe Equipment           | Compliant           |   |
|                                       | 1                   |   |
|                                       | Status              | Documenting Statement(s), If applicable     |
| Rule<br>5101:2-12-12 Safe Environment | Compliant           |   |



| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| 5101:2-12-13 Sanitary Equipment and   | Compliant |   |
| Environment                           | eep.ia.it |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Handwashing        | Compliant | Documenting Statement: Staff and          |
| Requirements                          | compliant | children were observed washing hands as   |
| Requirements                          |           | required by the rule.                     |
|                                       |           | required by the fule.                     |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free               | Compliant |   |
| Environment                           | compliant |   |
|                                       | 1         | I   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: Requirements       |
| Field Trip Procedures                 |           | regarding routine and/or field trips were |
|                                       |           | discussed during the inspection.          |
|                                       |           | discussed during the inspection.          |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Medical, Dental,   | Compliant | Documenting Statement: On the day of      |
| and General Emergency Plan            | compliant | the inspection, the complete prescribed   |
| and General Emergency Han             |           | JFS 01242 "Medical, Dental, and General   |
|                                       |           |   |
|                                       |           | Emergency Plan For Child Care" were       |
|                                       |           | posted in the program as required.        |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills   | Compliant | Documenting Statement: Documentation      |
|                                       | compliant | for completed fire, weather, and          |
|                                       |           | emergency/lockdown drills was verified    |
|                                       |           | during this inspection.                   |
|                                       |           | during this inspection.                   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the         |
| Precautions                           |           | inspection, the program had complete      |
| coadions                              |           | first aid kits available as required.     |
|                                       |           |   |
|                                       | 1         | I   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Management of            | Compliant |   |
| Communicable Disease                  |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| nuic                                  | Julius    | Documenting statement(s), it appliedble   |



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| 5101:2-12-16 Incident/Injury        | Compliant |  |
|-------------------------------------|-----------|--|
| Reporting                           |           |  |
| · · · ·                             |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
|                                     |           | Documenting Statement(s), it applicable  |
| 5101:2-12-17 Daily Schedule         | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and          | Compliant |  |
| Equipment                           |           |  |
| Equipment                           |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Outdoor Play     | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program       |
|                                     |           | was operating within their license       |
|                                     |           |  |
|                                     |           | capacity limits.                         |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Ratio                  | Compliant |  |
| 5101.2 12 10 Natio                  | compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size             | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records     | Compliant |  |
|                                     | compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision            | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance         | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Dula                                | Chatura   |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-20 Cribs            | Compliant | Documenting Statement: All cribs were    |
|                                     |           | -  |
|                                     |           | labeled with the assigned infant's name. |
|                                     |           |  |
|                                     |           |  |



| Rule                                 | Status              | Documenting Statement(s), If applicable         |
|--------------------------------------|---------------------|---|
| Rule: 5101:2-12-22 Meal and Snack    | Compliant           | Documenting Statement: The menu was             |
| Requirements                         |                     | posted in the lobby.                            |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable         |
| 5101:2-12-22 Fluid Milk Requirements | Compliant           |   |
|                                      |                     |   |
| Dula                                 | Chatura             | Desumenting Statement(s) If emplicable          |
| Rule<br>5101:2-12-22 Safe Food       | Status<br>Compliant | Documenting Statement(s), If applicable         |
| Handling/Storage                     | Compliant           |   |
| Thandhing/Storage                    |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable         |
| 5101:2-12-23 Infant Daily Care       | Compliant           |   |
|                                      | compliant           |   |
|                                      |                     | i   |
| Rule                                 | Status              | Documenting Statement(s), If applicable         |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant           | Documenting Statement: All bottles were         |
| Food Preparation                     |                     | labeled as required.                            |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable         |
| 5101:2-12-23 Diapering and Toilet    | Compliant           |   |
| Training                             |                     |   |
| Dula                                 | Chature             | Descriptions (the term ent (a) of each list has |
| Rule<br>5101:2-12-25 Medication      | Status<br>Compliant | Documenting Statement(s), If applicable         |
| Administration                       | Compliant           |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable         |
| Rule: 5101:2-12-08 Child Care Staff  | Compliant           | Documenting Statement: All Child Care           |
| Member Educational Requirements      |                     | Staff Members had verification of               |
|                                      |                     | educational requirements on file at the         |
|                                      |                     | program.  |
|                                      |                     |   |
|                                      |                     | · · · · · · · · · · · · · · · · · · ·           |
|                                      |                     |   |