

# **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      |  |
| HOPSON, TREMAINE        | 000000919303466 | FCC - Type B Home |  |
| Address                 | ·               | County            |  |
| 6192 Stockton Trail Way |                 | FRANKLIN          |  |
|                         |                 |                   |  |
| Columbus                |                 |                   |  |
| OH 43213                |                 |                   |  |

|                     | Insp                           | ection Information |                   |              |
|---------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type     | Inspection So                  | cope               | Inspection Notice |              |
| Compliance          | Full                           | CO MC              | Unannounced       |              |
| Inspection Date     | Begin Time                     |                    | End Time          |              |
| 09/10/2024          | 10:30 AM                       |                    | 12:37 PM          |              |
| Reviewer:           |                                |                    |                   |              |
| Melinda Irwin       |                                |                    |                   |              |
| Summary of Findings |                                |                    |                   |              |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 68                  | 3                              | 0                  | 0                 | 3            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|-----------------------------------------------------------|------------------|------------|-----------|-------|
| Age Group                                                 | License Capacity | Enrollment |           |       |
|                                                           | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler                                             |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 0          | 0         | 0     |
| School Age                                                |                  | 10         | 0         | 10    |
| Total Capacity/Enrollment                                 | 6                | 10         | 0         | 10    |

| Staff-Child Ratios at the Time of Inspection |                                              |  |  |  |
|----------------------------------------------|----------------------------------------------|--|--|--|
| Group                                        | Group Age Group/Range Ratio Observed Comment |  |  |  |
| Tremaine Hopson                              | Tremaine Hopson 1 to 0                       |  |  |  |



## **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 |
|                                                                       |
|                                                                       |

## **Low Risk Non-Compliances**

## **Domain: 06 Program Information**

Rule: 5101:2-13-14 Requirements for Field and Routine Trips

Code: The program is required to obtain written parental permission before leaving the premises and retain the forms for at least one year from the date of the trip. Routine trip permission forms must be updated annually.



Findings: In review of the program's records, it was determined that requirements for written permission from the parent/guardian for a field trip or routine trip were not met as listed in number 1 below:

- 1. Written parental permission was not secured for field trips and/or routine trips off the premises.
- 2. The written permission was missing the child's name.
- 3. The written permission was missing the date(s) of the trip(s) (field trips only).
- 4. The written permission was missing the destination(s) of the trip(s).
- 5. The written permission was missing the departure and return time(s) of the trip(s) (field trips only).
- 6. The written permission was missing the signature of the parent.
- 7. The written permission was missing the date on which the permission was signed.
- 8. The written permission was missing a statement notifying parents how their child will be transported.
- 9. Permission forms for routine trips were not being updated annually.
- 10. Written parental permission forms for field trips and/or routine trips were not being maintained on file for at least one year from the date of the trip.
- 11. Other: [ ].

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

Corrective Action Plan Due: 10/10/2024

#### Domain: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: Individuals are required to completed the background check process and obtain complete results.

Findings: In review of the staff records, it was determined that background check requirements were incomplete for the individuals listed on the Employee Record Chart, as noted in number 1 below:

- 1. The JFS 01176 "Program Notification of Background check Review for Child Care" was not on file at the program, but was on file at the county agency and the individual is eligible.
- 2. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the program and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.
- 3. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the county agency and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/10/2024

#### 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 14 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: 10/10/2024

## Rules In-Compliance/Not Verified

| Status    | Documenting Statement(s), If applicable |
|-----------|-----------------------------------------|
| Compliant |                                         |
| 1         |                                         |
|           |                                         |
|           |                                         |
| Status    | Documenting Statement(s), If applicable |
| Compliant |                                         |
|           |                                         |
|           |                                         |
|           | -                                       |
| Status    | Documenting Statement(s), If applicable |
| Compliant |                                         |
|           | Status Compliant Status Status          |



|                                                                                                                                 | 2                                                    |                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------|
| Rule                                                                                                                            | Status                                               | Documenting Statement(s), If applicable                                          |
| 5101:2-13-02 Information in OCLQS                                                                                               | Compliant                                            | Bootimentally statement (b) if applicable                                        |
| 3101.2-13-02 IIIIOIIIIatioii III OCLQ3                                                                                          | Compilant                                            |                                                                                  |
|                                                                                                                                 |                                                      |                                                                                  |
|                                                                                                                                 |                                                      |                                                                                  |
|                                                                                                                                 | 2                                                    |                                                                                  |
| Rule                                                                                                                            | Status                                               | Documenting Statement(s), If applicable                                          |
| 5101:2-13-02 Provider Medical                                                                                                   | Compliant                                            |                                                                                  |
|                                                                                                                                 |                                                      |                                                                                  |
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|                                                                                                                                 |                                                      |                                                                                  |
| D.I.                                                                                                                            | 6: 1                                                 | D :: C: 1 // \ I:   I                                                            |
| Rule                                                                                                                            | Status                                               | Documenting Statement(s), If applicable                                          |
| 5101:2-13-03 Inspection                                                                                                         | Compliant                                            |                                                                                  |
| Requirements                                                                                                                    |                                                      |                                                                                  |
|                                                                                                                                 |                                                      |                                                                                  |
|                                                                                                                                 |                                                      |                                                                                  |
| Rule                                                                                                                            | Status                                               | Documenting Statement(s), If applicable                                          |
| Set (Settle)                                                                                                                    |                                                      | beamening statement(s), it applicable                                            |
| 5101:2-13-04 Building Requirements                                                                                              | Compliant                                            |                                                                                  |
| for Type B Homes                                                                                                                |                                                      |                                                                                  |
|                                                                                                                                 |                                                      |                                                                                  |
| 8                                                                                                                               |                                                      |                                                                                  |
| Rule                                                                                                                            | Status                                               | Documenting Statement(s), If applicable                                          |
| 5101:2-13-04 Fire Safety for Type B                                                                                             | Compliant                                            |                                                                                  |
| Homes                                                                                                                           |                                                      |                                                                                  |
| Tiones                                                                                                                          |                                                      |                                                                                  |
|                                                                                                                                 |                                                      |                                                                                  |
|                                                                                                                                 |                                                      |                                                                                  |
| Rule                                                                                                                            | Status                                               | Documenting Statement(s), If applicable                                          |
| 5101:2-13-04 Flammable and                                                                                                      | Compliant                                            |                                                                                  |
| Combustible Materials in a Type B                                                                                               |                                                      |                                                                                  |
| Home                                                                                                                            |                                                      |                                                                                  |
| Tionic                                                                                                                          |                                                      |                                                                                  |
|                                                                                                                                 |                                                      |                                                                                  |
|                                                                                                                                 |                                                      |                                                                                  |
| Rule                                                                                                                            | Status                                               | Documenting Statement(s), If applicable                                          |
| Rule<br>5101:2-13-04 Heaters in a Type B                                                                                        | Status<br>Compliant                                  | Documenting Statement(s), If applicable                                          |
| 5101:2-13-04 Heaters in a Type B                                                                                                |                                                      | Documenting Statement(s), If applicable                                          |
|                                                                                                                                 |                                                      | Documenting Statement(s), If applicable                                          |
| 5101:2-13-04 Heaters in a Type B                                                                                                |                                                      | Documenting Statement(s), If applicable                                          |
| 5101:2-13-04 Heaters in a Type B<br>Home                                                                                        | Compliant                                            |                                                                                  |
| 5101:2-13-04 Heaters in a Type B<br>Home                                                                                        | Compliant                                            | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B<br>Home                                                                                        | Compliant                                            |                                                                                  |
| 5101:2-13-04 Heaters in a Type B<br>Home                                                                                        | Compliant                                            |                                                                                  |
| 5101:2-13-04 Heaters in a Type B<br>Home                                                                                        | Compliant                                            |                                                                                  |
| 5101:2-13-04 Heaters in a Type B<br>Home                                                                                        | Compliant                                            |                                                                                  |
| S101:2-13-04 Heaters in a Type B Home  Rule 5101:2-13-07 Staff Records                                                          | Status Compliant                                     | Documenting Statement(s), If applicable                                          |
| S101:2-13-04 Heaters in a Type B Home  Rule 5101:2-13-07 Staff Records                                                          | Status Compliant Status Status                       |                                                                                  |
| S101:2-13-04 Heaters in a Type B Home  Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Type B Provider - Foster              | Status Compliant                                     | Documenting Statement(s), If applicable                                          |
| S101:2-13-04 Heaters in a Type B Home  Rule 5101:2-13-07 Staff Records                                                          | Status Compliant Status Status                       | Documenting Statement(s), If applicable                                          |
| S101:2-13-04 Heaters in a Type B Home  Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Type B Provider - Foster              | Status Compliant Status Status                       | Documenting Statement(s), If applicable                                          |
| S101:2-13-04 Heaters in a Type B Home  Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Type B Provider - Foster              | Status Compliant Status Status                       | Documenting Statement(s), If applicable                                          |
| S101:2-13-04 Heaters in a Type B Home  Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Type B Provider - Foster              | Status Compliant Status Status                       | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| S101:2-13-04 Heaters in a Type B Home  Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Type B Provider - Foster Parent  Rule | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable                                          |
| S101:2-13-04 Heaters in a Type B Home  Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Type B Provider - Foster Parent       | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| S101:2-13-04 Heaters in a Type B Home  Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Type B Provider - Foster Parent  Rule | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



| D.I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Status                            | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-13-08 Whistle Blower                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Compliant                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Status                            | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-13-10 Health Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | Bocamenting statement(5), if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-15-10 Health Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Compliant                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Status                            | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5101:2-13-10 Professional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Compliant                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5101:2-13-11 Outdoor Space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Compliant                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5101:2-13-11 Outdoor Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Compliant                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5101:2-13-11 Fall Zone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Compliant                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5101:2-13-12 Safe Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Compliant                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5101:2-13-12 Safe Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Compliant                         | Detailed the state of the state |
| 2101'5-12-15 2916 EUAILOUMEUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Compilant                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5101:2-13-13 Clean environment and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Compliant                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 5101:2-13-13 Handwashing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Compliant                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Status                            | Documenting Statement(s), If applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



| 5101:2-13-13 Smoke Free                        | Compliant           |                                            |
|------------------------------------------------|---------------------|--------------------------------------------|
|                                                |                     |                                            |
| Rule                                           | Status              | Documenting Statement (a) If and limb!     |
| 5101:2-13-13 Toothbrushing                     | Compliant           | Documenting Statement(s), If applicable    |
| STOTIZ TO TO TOOLING                           | Compilant           |                                            |
|                                                |                     |                                            |
| Rule                                           | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-14 Ratio and Supervision             | Compliant           |                                            |
| for Field and Routine Trips                    |                     |                                            |
|                                                | ļ                   |                                            |
| Rule                                           | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-14 Driver Requirements               | Compliant           |                                            |
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| Dula                                           | Status              | Documenting Chatering and A. If any Park I |
| Rule 5101:2-13-14 Vehicle Inspections          | Compliant           | Documenting Statement(s), If applicable    |
| STOTIZ IS IT VEHICLE INSPECTIONS               | Compilant           |                                            |
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| Rule                                           | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-14 Vehicle Requirements              | Compliant           | C (" 11                                    |
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| Rule                                           | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-15 Health Conditions                 | Compliant           |                                            |
|                                                |                     |                                            |
| Rule                                           | Status              | Decumenting Statements   If applicable     |
| 5101:2-13-15 Child Records Retention           | Compliant           | Documenting Statement(s), If applicable    |
| and Confidentiality                            | - Sompilario        |                                            |
|                                                |                     |                                            |
| Rule                                           | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-16 Medical, Dental, and              | Compliant           |                                            |
| General Emergency Plan                         |                     |                                            |
|                                                |                     |                                            |
| Rule 5.10.10.10.10.10.10.10.10.10.10.10.10.10. | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-16 Emergency Drills                  | Compliant           |                                            |
|                                                |                     |                                            |
| Dula                                           | Ctatus              | Decumenting State                          |
| Rule 5101:2-13-16 First Aid Kit/Standard       | Status<br>Compliant | Documenting Statement(s), If applicable    |
| Precautions                                    |                     |                                            |



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| Rule                                                                                                                                                                            | Status                                                                 | Documenting Statement(s), If applicable                                                                                   |
| 5101:2-13-16 Communicable Diseases                                                                                                                                              | Compliant                                                              | Documenting statement(s), it applicable                                                                                   |
| 5101:2-13-10 COMMUNICADIE DISEASES                                                                                                                                              | Compilant                                                              |                                                                                                                           |
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| Rule                                                                                                                                                                            | Status                                                                 | Documenting Statement(s), If applicable                                                                                   |
| 5101:2-13-16 Incident/Injury                                                                                                                                                    | Compliant                                                              |                                                                                                                           |
| 6.4 W 14                                                                                                                                                                        | 100                                                                    |                                                                                                                           |
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| Rule                                                                                                                                                                            | Status                                                                 | Documenting Statement(s), If applicable                                                                                   |
| 5101:2-13-16 Emergency                                                                                                                                                          | Compliant                                                              | Boodinening statement(s), a approach                                                                                      |
|                                                                                                                                                                                 | Compilant                                                              |                                                                                                                           |
| Preparedness and Response Plan                                                                                                                                                  |                                                                        |                                                                                                                           |
| L                                                                                                                                                                               |                                                                        |                                                                                                                           |
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| Rule                                                                                                                                                                            | Status                                                                 | Documenting Statement(s), If applicable                                                                                   |
| 5101:2-13-18 Attendance                                                                                                                                                         | Compliant                                                              |                                                                                                                           |
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| Rule                                                                                                                                                                            | Status                                                                 | Documenting Statement(s), If applicable                                                                                   |
| 5101:2-13-19 Supervision                                                                                                                                                        | Compliant                                                              |                                                                                                                           |
| 3101.2-13-13 Supervision                                                                                                                                                        | Compliant                                                              |                                                                                                                           |
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| Rule                                                                                                                                                                            | Status                                                                 | Documenting Statement(s), If applicable                                                                                   |
| Rule 5101:2-13-19 School Age Supervision                                                                                                                                        | Status<br>Compliant                                                    | Documenting Statement(s), If applicable                                                                                   |
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| 5101:2-13-19 School Age Supervision  Rule                                                                                                                                       | Compliant                                                              | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable                                          |
| 5101:2-13-19 School Age Supervision                                                                                                                                             | Compliant                                                              |                                                                                                                           |
| 5101:2-13-19 School Age Supervision  Rule                                                                                                                                       | Compliant                                                              |                                                                                                                           |
| 5101:2-13-19 School Age Supervision  Rule                                                                                                                                       | Compliant                                                              |                                                                                                                           |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance                                                                                                      | Status Compliant                                                       | Documenting Statement(s), If applicable                                                                                   |
| S101:2-13-19 School Age Supervision  Rule  5101:2-13-19 Child Guidance                                                                                                          | Status Compliant Status Status                                         |                                                                                                                           |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance                                                                                                      | Status Compliant                                                       | Documenting Statement(s), If applicable                                                                                   |
| S101:2-13-19 School Age Supervision  Rule  5101:2-13-19 Child Guidance                                                                                                          | Status Compliant Status Status                                         | Documenting Statement(s), If applicable                                                                                   |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance                                                                                                      | Status Compliant Status Status                                         | Documenting Statement(s), If applicable                                                                                   |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance                                                                                                      | Status Compliant Status Status                                         | Documenting Statement(s), If applicable                                                                                   |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance                                                                                                      | Status Compliant Status Status                                         | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable                                          |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule                                                  | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable                                                                                   |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule 5101:2-13-20 Crib and Playpen                    | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable                                          |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule                                                  | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable                                          |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule 5101:2-13-20 Crib and Playpen                    | Status Compliant  Status Compliant  Status Compliant                   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable                                          |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule 5101:2-13-20 Crib and Playpen Requirements       | Status Compliant  Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule 5101:2-13-20 Crib and Playpen Requirements  Rule | Status Compliant  Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable                                          |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule 5101:2-13-20 Crib and Playpen Requirements       | Status Compliant  Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-19 School Age Supervision  Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule 5101:2-13-20 Crib and Playpen Requirements  Rule | Status Compliant  Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule 5101:2-13-20 Crib and Playpen Requirements  Rule 5101:2-13-21 Evening and Overnight        | Status Compliant  Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



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| 5101:2-13-21 Sanitary Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
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| 5101:2-13-22 Meals and Snacks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
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| 5101:2-13-22 Fluid Milk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
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| 5101:2-13-22 Food Handling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
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| 5101:2-13-23 Infant Daily Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 (", "1"                                    |
| 5101.2-15-25 illiant bany care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Compilant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
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| 5101:2-13-23 Infant Bottle and Food                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
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| 5101:2-13-23 Diapering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
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| 5101:2-13-24 Parent Permission for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
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| 5101:2-13-25 Medication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5 5 5 3 Heritang Statement(5), it applicable |
| The state of the s | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
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| 5101:2-13-07 Provider Responsibilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ( //                                         |
| 3101.2 13 07 Floride: Responsibilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Compilant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
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| 5101:2-13-18 Group Size and Ratios                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
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| D. I.                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D                                       |
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| Rule 5101:2-13 Written Policies and                 | Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Documenting Statement(s), If applicable |
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| 5101:2-13-12 Carbon Monoxide                        | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
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| Rule                                                | Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff                       | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | boomer and beautiful and approache      |
| Requirements                                        | - Compilant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |
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| Pula                                                | Chatus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Degumenting Statemental If applicable   |
| Rule                                                | Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space                           | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
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| Rule                                                | Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming                            | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
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| Rule                                                | Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools                          | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
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| Rule                                                | Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                                   | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
|                                                     | The contract of the contract o |                                         |
|                                                     | ļ.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |
| Rule                                                | Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites                         | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Documenting Statement(s), it applicable |
| JIOI.Z IO ZA JWIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | Compilant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
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| Rule 5101:2-13-17 Materials and                     | Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Documenting Statement(s), If applicable |
|                                                     | Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
| Equipment                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |