# **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      |
| WILLOUGHBY, DAINA | 00000924060598 | FCC - Type B Home |
| Address           |                | County            |
| 1518 TECUMSEH ST. |                | LUCAS             |
|                   |                |                   |
| TOLEDO            |                |                   |
| OH 43607          |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Announced         |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 12/27/2023             | 12:22 PM                       |                  | 2:34 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Kimberly Dada          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 8                              | 0                | 1                 | 9            |

| 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  |                  | 6          | 0         | 6     |
| Total Capacity/Enrollment                                 | 6                | 6          | 0         | 6     |

| Staff-Child Ratios at the Time of Inspection |                           |                |         |
|--|---------------------------|----------------|---------|
| Group  | Age Group/Range           | Ratio Observed | Comment |
| one  | 5 years to < Kindergarten | 1 to 1         |         |



## **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

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

Domain: 09 Children's Files

Rule: 5101:2-13-15 Health Conditions

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

Findings: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 1 below:

1. No plan was on file.

(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete.
- (Page 2)
- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.

- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

## (Page 3)

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

#### (Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

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

Corrective Action Plan Due: 01/27/2024



## **Low Risk Non-Compliances**

## Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Attendance

Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the program for a period of one year.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 2 below:

- 1. No attendance record was being maintained.
- 2. The attendance record was not being consistently completed.
- 3. The record did not include the name of at least one child.
- 4. The record did not include the birth date of at least one child.
- 5. The record did not include the assigned group.
- 6. The record did not include the child's weekly schedule.
- 7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.
- 8. The original attendance record was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 01/27/2024

## **Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well being. During the inspection, it was determined that children were not protected from the following item(s) or condition(s) which may threaten their health, safety, or well being as noted in the following number(s) 1, 13 below:

- 1. Surge protectors/outlets did not have childproof receptacle covers.
- 2. Open pull cords that are not closed loop.
- 3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Telephone cords.
- 7. Employee(s) purse(s).
- 8. Diaper bags.
- 9. Television not securely anchored.
- 10. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 11. Staff member stepped over a barrier/gate while holding a child.
- 12. Chipping or peeling paint.
- 13. An area rug did not have a nonskid backing.
- 14. An area rug presented a tripping hazard.
- 15. A floor surface was unsafe in that [].
- 16. No platform was provided for the sink or toilet.
- 17. The platform provided for the sink or toilet was not sturdy.
- 18. The platform provided for the sink or toilet posed a safety hazard in that [ ].
- 19. Emergency exits were blocked by the following furniture in that [ ].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
- 22. Other [ ].

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

Corrective Action Plan Due: 01/27/2024

## Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 140 in the following room(s) downstairs restroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 01/27/2024

#### **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan



Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number(s) 7 below:

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.
- 3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
- 5. Location of children's records was not complete.
- 6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.
- 7. The current version of the prescribed form was not used.
- 8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 01/27/2024

#### **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by rule.

Findings: During the inspection, it was determined the JFS 01201 "Dental First Aid" was not posted. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 01/27/2024

#### Domain: 05 Health & Safety

Rule: 5101:2-13-16 Communicable Diseases

Code: The program is required to post the Ohio Communicable Disease Chart in a noticeable area.

Findings: During the inspection, it was determined that the Ohio Communicable Disease Chart was not posted as required, as indicated in the number(s) 3 below:

1. In a location readily available to provider, child care staff members, employees, and residents;

- 2. The chart was not posted.
- 3. The posted chart was not the current version and the Child Care Manual Procedural Letter No. 159 was not posted next to the chart.
- 4. The posted chart was not displayed in the size available in the ODJFS forms central to be easily read.

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

Corrective Action Plan Due: 01/27/2024

#### **Domain: 08 Staff Files**

Rule: 5101:2-13-10 Professional Development

Code: The program staff is required to complete at least six clock hours of training annually.

Findings: In review of records, it was determined the Child Care Staff Member(s) indicated on the Employee Record Chart did not meet the annual professional development requirement as noted in number(s) 1.

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development.
- 6. Other [ ].

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

Corrective Action Plan Due: 01/27/2024

## **Domain: 08 Staff Files**

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to reside at the licensed location, not have additional activities or employment during the program's operating hours, be on-site at the program for at least 75 percent of the program's operating hours, and have hours of availability posted in a noticeable place.

Findings: During the inspection, it was determined that the provider was not meeting the following requirements as noted in number(s) 4 below:

- 1. The provider no longer resides at the licensed location.
- 2. The licensed provider has additional activities/employment during operating hours, in that [].
- 3. The provider was not on-site for 75 percent of the program's operating hours as required by this rule.
- 4. The provider did not have hours of availability to meet with parents a noticeable location.

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

Corrective Action Plan Due: 01/27/2024

#### 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(s) 2 below:

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 01/27/2024

| Rule   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| 5101:2-13-02 License Visible   | Compliant |  |
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|  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Voluntary Temporary   | Compliant |  |
| Closure  |           |  |
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| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Change of Location  | Compliant |  |
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| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Information in OCLQS  | Compliant | Documenting Statement(s), if applicable  |
| 3101:2-13-02 information in OCLQS  | Compliant |  |
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| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Provider Medical  | Compliant | bocamenting statement(s), it applicable  |
| 3101.2-13-02 Provider Wedicar  | Compliant |  |
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| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-03 Inspection  | Compliant | Secretary and the secretary an |
| Requirements   |           |  |
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| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements   | Compliant |  |
| for Type B Homes   |           |  |
|  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Safety for Type B  | Compliant |  |
| Homes  |           |  |
|  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Flammable and   | Compliant |  |
| Combustible Materials in a Type B  |           |  |
| Home   |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Heaters in a Type B   | Compliant |  |
| Home   |           |  |
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| Rule                                  | Status      | Documenting Statement(s), If applicable  |
|---------------------------------------|-------------|--|
| 5101:2-13-07 Staff Records            | Compliant   | - Comment of the control of the cont |
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| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster | Compliant   |  |
| Parent                                |             |  |
|                                       |             |  |
|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements    | Compliant   |  |
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| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff         | Compliant   |  |
| Requirements                          |             |  |
|                                       | <u> </u>    | 1  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Whistle Blower           | Compliant   | boarnering statement(s), it applicable   |
| 3101.2 13 00 Willstie Blower          | Compilation |  |
|                                       |             |  |
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| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-09 Background Checks        | Compliant   | 3 (" 11  |
|                                       |             |  |
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|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training          | Compliant   |  |
|                                       |             |  |
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|                                       |             |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space            | Compliant   |  |
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|                                       |             |  |
| Pulo                                  | Status      | Documenting Statement(s) If annice his   |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment        | Compliant   |  |
|                                       |             |  |
|                                       | <u> </u>    |  |
| Rule                                  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Fall Zone                | Compliant   | bootimenting statement(s), it applicable   |
| 3101.2 13 11 1 111 20110              | Compilation |  |
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| Rule                                  | Status      | Documenting Statement(s), If applicable  |
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| 5101:2-13-15 Child Records Retention and Confidentiality | Compliant |  |
|--|-----------|--|
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills                            | Compliant | Documenting Statement(s), if applicable  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 First Aid Kit/Standard Precautions          | Compliant | booumenting otalement(s), it approache   |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury                             | Compliant | booumenting ottatement(s); it approache  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan                               | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision                                 | Compliant | - Country of the Coun |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision                      | Compliant | bocumenting statement(s), if applicable  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance                              | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Sleep and Nap<br>Requirements               | Compliant | 2 common of the  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen<br>Requirements            | Compliant | boddinenting statement(s), it applicable   |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| nuic   | Julius    | Documenting Statement(3), It applicable  |

| 5101:2-13-21 Evening and Overnight Care       | Compliant |   |
|---|-----------|---|
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | bocumenting statement(s), if applicable   |
| Rule  | Ctatus    | Decumenting Statement/s) If applicable    |
| 5101:2-13-22 Meals and Snacks                 | Status    | Documenting Statement(s), If applicable   |
| S101.2-15-22 iviedis dilu stideks             | Compliant |   |
| Dula  | Chatana   | December 6 to the control of control of   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-22 Fluid Milk                       | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-22 Food Handling                    | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-23 Infant Daily Care                | Compliant | Boothering statement(s), if approache     |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-23 Infant Bottle and Food           | Compliant | Documenting Statement(s), it applicable   |
| Preparation                                   | Compliant |   |
|   | I c       |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-23 Diapering                        | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-24 Parent Permission for Swimming   | Compliant | boomenting statement(s), it applicables   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-25 Medication<br>Requirements       | Compliant |   |
| Bula  | Status    | Decumenting States and a life and lead to |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-18 Group Size and Ratios            | Compliant |   |

| <u> </u>                       |                     |   |
|--------------------------------|---------------------|---|
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant           |   |
| Procedures                     |                     |   |
| 1.00000: 55                    |                     |   |
|                                |                     |   |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide   | Compliant           |   |
| Detectors - Type B Only        |                     |   |
|                                |                     |   |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space      | Compliant           | Documenting statement(s), if applicable |
| 3101.2 13 11 magor space       | Compliant           |   |
|                                |                     |   |
|                                |                     |   |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming       | Compliant           |   |
|                                |                     |   |
|                                |                     |   |
| Rule                           | Ctatus              | Documenting Statement(s) If applicable  |
| 5101:2-13-24 On-site Pools     | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-24 On-site i oois    | Compliant           |   |
|                                |                     |   |
|                                |                     | ·                                       |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets              | Compliant           |   |
|                                |                     |   |
|                                |                     |   |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites    | Compliant           | Documenting statement(s), if applicable |
| 5101.2-15-24 Swimming Sites    | Compliant           |   |
|                                |                     |   |
|                                |                     | ·                                       |
| Rule                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and     | Compliant           |   |
| Equipment                      |                     |   |
|                                |                     |   |
|                                |                     |   |
|                                |                     |   |