

# **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 | 16-               |
|--------------------|-----------------|-------------------|
| Program Name       | Program Number  | Program Type      |
| Kids of Grace      | 000000929058871 | FCC - Type B Home |
| Address            |                 | County            |
| 1178 BERKELEY ROAD |                 | FRANKLIN          |
|                    |                 |                   |
| COLUMBUS           |                 |                   |
| OH 43206           |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | cope               | Inspection Notice |              |
| Compliance         | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 10/16/2024         | 1:55 PM                        |                    | 2:30 PM           |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 10/17/2024         | 12:05 PM                       |                    | 1:51 PM           |              |
| Reviewer:          |                                |                    |                   |              |
| Melinda Irwin      |                                |                    |                   |              |
| Reviewer:          |                                |                    |                   |              |
| Melinda Irwin      |                                |                    |                   |              |
|                    | Sui                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 68                 | 5                              | 0                  | 0                 | 5            |

| Lie                       | cense Capacity and | d Enrollment a | at the Time of I | nspection |
|---------------------------|--------------------|----------------|------------------|-----------|
| Age Group                 | License Capacity   | Enrollment     |                  |           |
|                           | Totals             | Full Time      | Part Time        | Total     |
| Infant ( Birth to < 18 m) |                    | 1              | 0                | 1         |
| Young Toddler             |                    | 0              | 0                | 0         |
| Total Under 2 Years       | 2                  | 1              | 0                | 1         |
| Older Toddler             |                    | 1              | 0                | 1         |
| Preschool                 |                    | 1              | 0                | 1         |
| School Age                |                    | 0              | 2                | 2         |
| Total Capacity/Enrollment | 6                  | 2              | 2                | 5         |

| Sta           | aff-Child Ratios at the Time of I | nspection      |         |
|---------------|-----------------------------------|----------------|---------|
| Group         | Age Group/Range                   | Ratio Observed | Comment |
| Kids of Grace |                                   | 1 to 2         |         |



## **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: 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 items and a condition which may threaten their health, safety, or well being as noted in the following numbers 4, 7 and 8 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 cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Telephone cords.
- 7. Employee purse.
- 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: 11/20/2024

#### 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 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.
- 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: 11/20/2024

#### Domain: 05 Health & Safety

Rule: 5101:2-13-22 Fluid Milk

Code: The program is to ensure that children are served age-appropriate fluid milk.

Findings: During the inspection, it was determined that the program did not have the type of milk, whole milk, on-site to ensure that all children were served age-appropriate fluid milk requirements. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/20/2024

#### Domain: 07 Diapering & Infant Care

Rule: 5101:2-13-23 Infant Bottle and Food Preparation

Code: The program staff is required to have all bottles labeled.

Findings: During the inspection, it was determined that bottles containing milk for a particular infant were not labeled with the child's name and date of preparation. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/20/2024

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

Rule: 5101:2-13 Written Policies and Procedures

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

Findings: On the day of the inspection, the program's written policies and procedures provided to the parents/guardians and employees was missing item numbers 5, 7, 9, 11, 13, 15, 16, 17, 18, 19, 20, 22, 23 and 24 below:

#### General Information

- 1. Name, address, email address and telephone number.
- 2. Description of the provider's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- 4. Staff/child ratios and group size.
- 5. Opportunities for parent involvement in activities.
- 6. Opportunities for parents to meet with the provider regarding their child.
- 7. Payment schedule, overtime charges and registration fees if applicable.



8. Programs shall have a policy in place describing supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

**Provider Policies and Procedures** 

- 9. Enrollment including required enrollment information.
- 10. Care of children without immunizations.
- 11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.
- 12. Supervision of children, including a separate supervision policy for school-age children, if applicable.
- 13. Child guidance.
- 14. Suspension and expulsion.
- 15. Ensure compliance with the Americans and Disabilities (ADA) including administering medication to children with disabilities and administering care procedures for children with disabilities.
- 16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice).
- 17. Food and dietary policy, including information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals, and snacks and policy on providing supplemental food.
- 18. Management of illness including isolation precautions, symptoms for discharge and return, notification of parent of ill child and whether or not the provider will care for sick children.
- 19. Summary of procedures taken in the event of an emergency, serious illness or injury.
- 20. Administration of medication and topical products policy, medical foods, modified diets, and whether school age children are permitted to carry their own medical and ointments.
- 21. Transportation policy for field trips, routine walks, if applicable, and emergencies including if the provider will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.
- 22. Water activities/swimming.
- 23. Infant care, if applicable, including feeding, frequency of diaper checks, and information about daily activities.
- 24. Sleeping, napping and resting.
- 25. Evening and overnight care, if applicable.
- 26. Policy on hours of operation, closing due to weather, school delays or closings and any other factors.
- 27. Use of a substitute child care staff member or child care staff member pursuant to 5101:2-13-08 of the Administrative Code for sick days, vacations or other time off.
- 28. Situations that may require disenrollment of a child, if applicable.
- 29. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the family child care home.
- 30. Formal screenings and assessments conducted on enrolled children and if the program reports child level data to ODJFS pursuant to Chapter 5101:2-17 of the Administrative Code.

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

Corrective Action Plan Due: 11/20/2024



## Rules In-Compliance/Not Verified

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-02 Voluntary Temporary<br>Closure         | Compliant | bocumenting statement(s), if applicable |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary<br>Closure         | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location                     | Compliant | bocumenting statement(3), if applicable |
| 3101.2-13-02 Change of Location                     | Compliant |   |
| Rule  | Status    | Decumenting Statement(s) If applicable  |
| (6.00) (6.00)                                       | 99        | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS                   | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical                       | +         | Documenting Statement(s), if applicable |
| 5101.2-15-02 Provider ividuical                     | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                             | Compliant |   |
| Requirements  |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
|   | Compliant | Documenting Statement(s), if applicable |
| 5101:2-13-04 Building Requirements for Type B Homes | Compilant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B                 | Compliant | Desamoning statement(s)) if applicable  |
| Homes   | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| Nuic  | Julius    | Documenting Statement(s), it applicable |



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|---------------------------------------|--|---|
| 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                                  | Compilant  |   |
| Home                                  |  |   |
|                                       | J.   |   |
| Rule                                  | Status   | Desumenting Statement(s) If applicable  |
|                                       |  | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records            | Compliant  |   |
|                                       |  |   |
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| Rule                                  | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant  |   |
| Parent                                |  |   |
|                                       |  |   |
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| Rule                                  | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements    | Compliant  |   |
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|                                       | 1  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant  | Bocamenting statement(s), it applicable |
| J101.2-13-08 Willstie blowei          | Compilant  |   |
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| Della                                 | Chatana  | D                                       |
| Rule                                  | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Compliant  |   |
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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 |
| 5101:2-13-10 Professional             | Compliant  |   |
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| Rule                                  | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space            | Compliant  | besamenting statement(s), it applicable |
| 3101.2-13-11 Outdoor space            | Compliant  |   |
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| L                                     | I.   |   |
| D. I.                                 | S. I   | D (2 C) : (1 ) (5 ):                    |
| Rule                                  | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment        | Compliant  |   |



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| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone   | Compliant                 | 0 (7)                                   |
| 3101.2 13 11 1 411 20110   | Compilant                 |   |
|  |                           |   |
|  | 1                         |   |
|  | 2                         |   |
| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment  | Compliant                 |   |
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| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and   | Compliant                 |   |
| equipment  | 31                        |   |
| equipment  |                           |   |
|  |                           |   |
|  |                           |   |
| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing   | Compliant                 |   |
| STOTIZ TO TO HAHAWASHING   | Compilant                 |   |
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| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free  | Compliant                 |   |
| STORE TO TO SHICKETTES   | Compilant                 |   |
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| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing   | Compliant                 |   |
| 310012 10 10 10 0011101 00111118   | Compliant                 |   |
|  |                           |   |
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| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field  | Compliant                 |   |
| The second secon | Compilant                 |   |
| and Routine Trips  |                           |   |
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| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Compliant                 |   |
|  | Simpliant                 |   |
| for Field and Routine Trips  |                           |   |
|  |                           |   |
|  |                           |   |
| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements   | Compliant                 |   |
| 3101.2 13 14 Driver Requirements   | Compilant                 |   |
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| Rule   | Status                    | Documenting Statement(s), If applicable |
| 100000000000000000000000000000000000000  | ) Annual Marian in States |   |
| 5101:2-13-14 Vehicle Inspections   | Compliant                 |   |
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| D. I.  | Charles                             | D                                       |
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| Rule   | Status                              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements  | Compliant                           |   |
|  |                                     |   |
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|  |                                     |   |
| Rule   | Status                              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and   | Compliant                           | Decamenang statement(o), it approach    |
| START START TO THE THE THE CONTROL OF STARTS STARTS STARTS   | Compilant                           |   |
| Enrollment Records   |                                     |   |
|  | <u></u>                             |   |
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| Rule   | Status                              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions   | Compliant                           |   |
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| Rule   | Status                              | Documenting Statement/s) If annies his  |
|  |                                     | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention   | Compliant                           |   |
| and Confidentiality  |                                     |   |
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|  |                                     |   |
| Rule   | Status                              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and  | Compliant                           | 1-11                                    |
|  | Compliant                           |   |
| General Emergency Plan   |                                     |   |
|  | 1                                   |   |
|  |                                     |   |
| Rule   | Status                              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills  | Compliant                           |   |
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| Rule   | Status                              | Documenting Statement(s), If applicable |
|  |                                     | Documenting Statement(S), if applicable |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant                           |   |
| Precautions  |                                     |   |
|  |                                     |   |
| 15°  |                                     |   |
| Rule   | Status                              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury   | Compliant                           |   |
| 3101.2 13 13 melderity mjury   | Compilant                           |   |
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| L  |                                     |   |
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| Rule   | Status                              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency   | Compliant                           |   |
| Preparedness and Response Plan   | •                                   |   |
|  |                                     |   |
|  | 1                                   |   |
| Rule   | Status                              | Decumenting Statement/s) If annies his  |
| 5404-060   | 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   |   |
|-------------------------------------|-------------|---|
| 5101.2 15 15 Supervision            | Compilant   |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant   | Documenting Statement(s), it applicable |
| Requirements                        | Compilation |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant   |   |
| Requirements                        |             |   |
|                                     | 1           |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant   |   |
| Care                                |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant   |   |
| and Hygiene                         |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant   | bocamenting statement(s), it applicable |
|                                     |             |   |
|                                     |             |   |
| 5.1                                 |             |   |
| Rule 5101:2-13-22 Food Handling     | Status      | Documenting Statement(s), If applicable |
| 3101:2-13-22 FOOd Handling          | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care      | Compliant   |   |
|                                     |             |   |
| L                                   |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering              | Compliant   | ( //                                    |
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| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Parent Permission for     | Compliant    |  |
| Swimming                               |              |  |
|  |              |  |
|  |              |  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication                | Compliant    |  |
| Requirements                           |              |  |
|  |              |  |
|  | L            |  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Responsibilities | Compliant    |  |
|  |              |  |
|  |              |  |
|  |              |  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios     | Compliant    |  |
|  |              |  |
|  |              |  |
| P. 1.                                  |              |  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Carbon Monoxide           | Compliant    |  |
| Detectors - Type B Only                |              |  |
|  |              |  |
| D. J.                                  | Chahara      | D  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff          | Compliant    |  |
| Requirements                           |              |  |
|  | 1            | <u> </u>                                 |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Indoor Space              | Compliant    | Documenting Statement(s), if applicable  |
| 3101.2-13-11 Illu001 3pace             | Compliant    |  |
|  |              |  |
|  | 1            |  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Programming               | Compliant    | Documenting Statement(3), it applicable  |
| 3101.2-13-17 Flogramming               | Compliant    |  |
|  |              |  |
|  | 1            |  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
|  | Compliant    | bootimenting statement(3), it applicable |
| 51()1:7-13-74 ()n-cite Pools           | Computation  |  |
| 5101:2-13-24 On-site Pools             |              |  |
| 5101:2-13-24 On-site Pools             |              |  |
| 5101:2-13-24 On-site Pools             |              |  |
|  |              | Documenting Statement/s). If applicable  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |
|  |              | Documenting Statement(s), If applicable  |
| Rule                                   | Status       | Documenting Statement(s), If applicable  |



| Rule                               | Status              | Documenting Statement(s), If applicable |
|------------------------------------|---------------------|---|
| 5101:2-13-24 Swimming Sites        | Compliant           |   |
|                                    | •                   | ·                                       |
| Rule                               | Status              | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-17 Materials and | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                    |                     | Documenting Statement(s), If applicable |