

# **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      |  |
| ADAMS, LATONIA         | 000000950257788 | FCC - Type B Home |  |
| Address                |                 | County            |  |
| 2134 PICCADILLY AVENUE |                 | MONTGOMERY        |  |
|                        |                 |                   |  |
| DAYTON                 |                 |                   |  |
| OH 45406               |                 |                   |  |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | Inspection Scope |                   |              |  |
| Compliance             | Full                           | (25.94)          | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 11/19/2024             | 2:46 PM                        | 1                |                   | 4:40 PM      |  |
| Reviewer:              | ·                              |                  |                   |              |  |
| DANIEL SWIGERT         |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 69                     | 5                              | 0                | 0                 | 5            |  |

| 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 0          | 0         | 1     |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group  | Group Age Group/Range Ratio Observed Comment |        |  |
| Latonia's kids                               | 12 months to < 18 months                     | 1 to 1 |  |



## **Summary of Non-Compliances**

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

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

## **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 numbers 4 and 6 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: 12/20/2024

#### Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Drills

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item number 1, 2, and 3 below because provider could not find drill record:

- 1. Monthly fire drills
- 2. Monthly weather emergency drills (March through September)
- 3. Emergency/lockdown drills in each quarter of the calendar year

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

Corrective Action Plan Due: 12/20/2024

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

Rule: 5101:2-13-07 Staff Records

Code: The provider is required to maintain current employee, child care staff members and resident records in the Ohio Professional Registry.

Findings: During the inspection, it was determined that employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number 9 below:

- 1. The provider had not created or updated their individual profile in the OPR.
- 2. The provider had not created or updated the program's organizational dashboard in the OPR.



- 3. At least one employee, child care staff member, or substitute child care staff member had not created or updated their individual profile in the OPR.
- 4. At least one employee, child care staff member, or substitute child care staff member had not created an employment record in the OPR for the program on or before the first day of employment, including date of hire.
- 5. At least one employee, child care staff member, or substitute child care staff member had not updated changes to positions or roles in the OPR within five calendar days of the change.
- 6. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's scheduled days and hours changed.
- 7. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's group assignments changed, if applicable.
- 8. The program's organizational dashboard in the OPR was not updated with the employment end date within five business days when at least one employee, child care staff member, or substitute child care staff member ended employment.
- 9. At least one resident over the age of eighteen had not created a profile and employment record for the family child care provider within five days of becoming a resident or turning eighteen.
- 10. The program's organizational dashboard in the OPR was not updated within five calendar days of a change in residency for at least one resident over the age of eighteen.

11.0ther: []

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

Corrective Action Plan Due: 12/20/2024

#### **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 provider did not meet the annual professional development requirement as noted in number 1, below:

- 1. The provider 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: 12/20/2024



Domain: 09 Children's Files

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

Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 2 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions

11. Other [ ]

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

Corrective Action Plan Due: 12/20/2024

# Rules In-Compliance/Not Verified

| Rule  | Status    | Decumenting Statement(s) If applicable  |
|---|-----------|---|
| 5101:2-13-02 Voluntary Temporary<br>Closure | Compliant | Documenting Statement(s), If applicable |



|                                       | C         | D C                                     |
|---------------------------------------|-----------|---|
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary      | Compliant |   |
| Closure                               |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location       | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS     | Compliant | (-//                                    |
| 3101.2 13 02 miormation in occas      | Compilant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
|                                       | <u> </u>  | bocumenting statement(s), if applicable |
| 5101:2-13-02 Provider Medical         | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection               | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
|                                       |           |   |
| 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                                 | Compilant |   |
| Homes                                 |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
|                                       |           | 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                                  |           |   |
|                                       |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 500000000                             |           | bocamenting statement(s), if applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
| L                                     |           |   |
|                                       | - WANTED  |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |



| 5101:2-13-08 Employee Requirements                | Compliant          |   |
|---|--------------------|---|
| Rule  | Status             | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower                       | Compliant          |   |
|   | I -                |   |
| Rule 5101:2-13-09 Background Checks               | Compliant          | Documenting Statement(s), If applicable |
|   |                    |   |
| Rule 5101:2-13-10 Health Training                 | Status   Compliant | Documenting Statement(s), If applicable |
|   |                    |   |
| Rule<br>5101:2-13-11 Outdoor Space                | Status Compliant   | Documenting Statement(s), If applicable |
|   |                    |   |
| Rule 5101:2-13-11 Outdoor Equipment               | Compliant          | Documenting Statement(s), If applicable |
|   |                    |   |
| S101:2-13-11 Fall Zone                            | Compliant          | Documenting Statement(s), If applicable |
|   |                    |   |
| Rule<br>5101:2-13-12 Safe Equipment               | Status   Compliant | Documenting Statement(s), If applicable |
|   |                    |   |
| Rule 5101:2-13-12 Safe Environment                | Status Compliant   | Documenting Statement(s), If applicable |
|   |                    |   |
| Rule 5101:2-13-13 Clean environment and equipment | Status   Compliant | Documenting Statement(s), If applicable |
| Rule  | Chatus             | Decumenting Statement/s\ If applicable  |
| 5101:2-13-13 Handwashing                          | Status   Compliant | Documenting Statement(s), If applicable |



| Rule   | Status  | Decumenting Statement(s) If applicable   |
|--|---|--|
|  |   | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Smoke Free  | Compliant   |  |
|  |   |  |
|  |   |  |
| -  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
|  |   | Documenting statement(s), it applicable  |
| 5180:2-13-13 Toothbrushing   | Compliant   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Requirements for Field  | Compliant   |  |
|  | Compilant   |  |
| and Routine Trips  |   |  |
|  |   |  |
| 4  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Ratio and Supervision   | Compliant   |  |
|  | Compilant   |  |
| for Field and Routine Trips  |   |  |
|  |   |  |
| <u> </u>   |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Driver Requirements   | Compliant   |  |
| JIOILE 10 1 Priver regarderes.   | Compliant   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| E404.0.40.4437.11.1  | Compliant   |  |
| 5101:2-13-14 Vehicle Inspections   |   | 1  |
| 5101:2-13-14 Vehicle Inspections   |   |  |
| 5101:2-13-14 Vehicle Inspections   | Cate of the American American   |  |
| 5101:2-13-14 Vehicle Inspections   |   |  |
|  |   |  |
| Rule   | Status  | 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  |
| Rule<br>5101:2-13-14 Vehicle Requirements  | Status<br>Compliant   |  |
| Rule 5101:2-13-14 Vehicle Requirements  Rule   | Status  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-14 Vehicle Requirements  | Status Compliant Status   |  |
| Rule 5101:2-13-14 Vehicle Requirements  Rule   | Status<br>Compliant   |  |
| Rule 5101:2-13-14 Vehicle Requirements  Rule   | Status Compliant Status   |  |
| Rule 5101:2-13-14 Vehicle Requirements  Rule   | Status Compliant Status   |  |
| Rule 5101:2-13-14 Vehicle Requirements  Rule 5101:2-13-15 Health Conditions  | Status Compliant Status Compliant   | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-14 Vehicle Requirements  Rule   | Status Compliant Status   |  |
| Rule 5101:2-13-14 Vehicle Requirements  Rule 5101:2-13-15 Health Conditions  | Status Compliant Status Compliant Status Status                               | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-14 Vehicle Requirements  Rule 5101:2-13-15 Health Conditions  Rule 5101:2-13-15 Child Records Retention   | Status Compliant Status Compliant   | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-14 Vehicle Requirements  Rule 5101:2-13-15 Health Conditions  | Status Compliant Status Compliant Status Status                               | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-14 Vehicle Requirements  Rule 5101:2-13-15 Health Conditions  Rule 5101:2-13-15 Child Records Retention   | Status Compliant Status Compliant Status Status                               | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-14 Vehicle Requirements  Rule 5101:2-13-15 Health Conditions  Rule 5101:2-13-15 Child Records Retention and Confidentiality   | Status Compliant  Status Compliant  Status Compliant  Status Compliant        | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Vehicle Requirements  Rule 5101:2-13-15 Health Conditions  Rule 5101:2-13-15 Child Records Retention   | Status Compliant Status Compliant Status Status                               | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-14 Vehicle Requirements  Rule 5101:2-13-15 Health Conditions  Rule 5101:2-13-15 Child Records Retention and Confidentiality  Rule                                   | Status Compliant  Status Compliant  Status Compliant  Status Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Vehicle Requirements  Rule 5101:2-13-15 Health Conditions  Rule 5101:2-13-15 Child Records Retention and Confidentiality  Rule 5101:2-13-16 Medical, Dental, and | Status Compliant  Status Compliant  Status Compliant  Status Compliant        | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Vehicle Requirements  Rule 5101:2-13-15 Health Conditions  Rule 5101:2-13-15 Child Records Retention and Confidentiality  Rule                                   | Status Compliant  Status Compliant  Status Compliant  Status Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Vehicle Requirements  Rule 5101:2-13-15 Health Conditions  Rule 5101:2-13-15 Child Records Retention and Confidentiality  Rule 5101:2-13-16 Medical, Dental, and | Status Compliant  Status Compliant  Status Compliant  Status Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



| <u>~</u>                              |  |  |
|---------------------------------------|--|--|
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-16 First Aid Kit/Standard   | Compliant  |  |
| Precautions                           |  |  |
| Trecautions                           |  |  |
|                                       |  |  |
| D. J.                                 | Ct-t   | D  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases    | Compliant  |  |
|                                       |  |  |
|                                       |  |  |
|                                       |  |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury          | Compliant  |  |
|                                       |  |  |
|                                       |  |  |
|                                       |  |  |
| Rule                                  | Status   | Documenting Statement/s) If anyline late |
|                                       |  | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency                | Compliant  |  |
| Preparedness and Response Plan        |  |  |
|                                       |  |  |
|                                       |  |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision              | Compliant  |  |
|                                       | ,  |  |
|                                       |  |  |
|                                       |  |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision   | Compliant  |  |
| 310112 13 13 series i Age supervision | Compilant  |  |
|                                       |  |  |
|                                       | <u> </u>   | <u>,</u>                                 |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| - ANAS DECIDED                        | THE CONTRACTOR OF THE CONTRACT | Documenting Statement(s), if applicable  |
| 5101:2-13-19 Child Guidance           | Compliant  |  |
|                                       |  |  |
| <u> </u>                              | <u>L</u>   |  |
|                                       |  |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Sleep and Nap            | Compliant  |  |
| Requirements                          |  |  |
|                                       |  |  |
|                                       |  |  |
| Rule                                  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen         | Compliant  |  |
| Requirements                          |  |  |
| Nequilements                          |  |  |
|                                       | I.   |  |
| Rule                                  | Status   | Decumenting Statement/s) If applicable   |
|                                       | 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               | Documenting Statement(s), if applicable |
| 3101.2-13-22 IVIEARS AND SHACKS               | Compilant               |   |
|   |                         |   |
| Rule  | Status                  | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                       | Compliant               |   |
| Const. 2010. 100 D. 200 LD. 20 St. 2 (Const.) | 1 100 30000             |   |
|   |                         |   |
| 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               |   |
|   |                         |   |
| Rule  | Status                  | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food           | Compliant               | boodineriang statement(s), in approasie |
| Preparation                                   |                         |   |
|   |                         |   |
| 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            | Compliant               |   |
| Swimming                                      |                         |   |
| Dula  | Chahua                  | Desumenting Statement(-) If             |
| Rule 5101:2-13-25 Medication                  | Status<br>Compliant     | Documenting Statement(s), If applicable |
| Requirements                                  | Соттриант               |   |
| nequirements                                  |                         |   |
| Rule  | Status                  | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities        | Compliant               | S = = = = = = = = = = = = = = = = = = = |
|   | Section of Property and |   |
|   |                         |   |
| Rule  | Status                  | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios            | Compliant               |   |
|   |                         |   |



| Rule                             | Status   | Documenting Statement(s), If applicable |
|----------------------------------|--|---|
| 5101:2-13 Written Policies and   | Compliant  |   |
| Procedures                       |  |   |
|                                  |  |   |
| D. L.                            | C  | D                                       |
| 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 |
| 5101:2-13-08 Child Care Staff    | Compliant  |   |
| Requirements                     |  |   |
|                                  |  |   |
|                                  |  |   |
| Rule                             | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections | Compliant  |   |
|                                  |  |   |
|                                  |  |   |
| Dola                             | Chahua   | Decimanting Statement(s) If applicable  |
| Rule                             | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space        | Compliant  |   |
|                                  |  |   |
|                                  | ļ  | <u>_</u>                                |
| Rule                             | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming         | Compliant  |   |
|                                  | •  |   |
|                                  |  |   |
|                                  |  |   |
| Rule                             | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools       | Compliant  |   |
|                                  |  |   |
|                                  |  |   |
| Rule                             | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                | Compliant  | Documenting Statement(s), if applicable |
| 3101.2-13-12 Pets                | Compliant  |   |
|                                  |  |   |
|                                  | 1  | 1                                       |
| Rule                             | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites      | Compliant  | , , , , , , , , , , , , , , , , , , ,   |
|                                  | The state of the s |   |
|                                  |  |   |
|                                  |  |   |
| Rule                             | Status   | Documenting Statement(s), If applicable |
| E404 0 40 47 14                  | Compliant  |   |
| 5101:2-13-17 Materials and       | Compilant  |   |
| Equipment                        | Compilant  |   |

