

# 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      |
| SPEARS, CAROL            | 00000961790381  | FCC - Type B Home |
| Address                  |                 | County            |
| 366 BELLEFONTAINE AVENUE |                 | MARION            |
|                          |                 |                   |
| MARION                   |                 |                   |
| OH 43302                 |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection S                   | соре               | Inspection Notice |              |
| Compliance         | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 06/06/2023         | 10:55 AM                       |                    | 12:10 PM          |              |
| Reviewer:          |                                |                    |                   |              |
| Lisa Myers         |                                |                    |                   |              |
|                    | Su                             | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 68                 | 10                             | 0                  | 1                 | 11           |

| Lic                       | ense 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       | 3                 | 1              | 0                | 1         |
| Older Toddler             |                   | 2              | 0                | 2         |
| Preschool                 |                   | 1              | 0                | 1         |
| School Age                |                   | 0              | 0                | 0         |
| Total Capacity/Enrollment | 6                 | 3              | 0                | 4         |

| S             | taff-Child Ratios at the Time of Ins | pection        |         |
|---------------|--------------------------------------|----------------|---------|
| Group         | Age Group/Range                      | Ratio Observed | Comment |
| Carol's Group | Mixed Age Group                      | 1 to 3         |         |



#### **Summary of Non-Compliances**

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

## Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

## **Moderate Risk Non-Compliances**

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to refrain from using and storing potentially hazardous items, toxic substances, and outdoor machinery around children.

Findings: During the inspection, a potentially hazardous item or toxic substance was used or stored where children present had access to it as noted in number(s) 1 below. The potentially hazardous substance or item that posed a risk to children was determined to be accessible to children in first floor restroom beside toilet.

- 1. Bleach.
- 2. Cleaning agent.
- 3. Fish tank chemicals.
- 4. Gasoline.
- 5. Pesticide.
- 6. Poison, including insect/rodent poison.
- 7. Flammable substance.
- 8. Windshield washer fluid.
- 9. Aerosol cans.
- 10. A lawn mower.
- 11. A weed trimmer.
- 12. Hedge trimmers.
- 13. A snow blower.
- 14. Other potentially hazardous substance, equipment or machinery: [].



Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance or item is no longer accessible to children and/or children will not be outside when machinery is in use and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/06/2023

## Low Risk Non-Compliances

## Domain: 00 License & Approvals

Rule: 5101:2-13-04 Fire Safety for Type B Homes Code: The program is required to meet all requirements for fire extinguishers.

Findings: During the inspection, it was determined the fire extinguisher was not meeting the requirements in the following number(s) 4 listed below:

- 1. There was no fire extinguisher.
- 2. The fire extinguisher was not working.
- 3. The fire extinguisher was not rated at the minimum rating.
- 4. The fire extinguisher had expired.
- 5. The fire extinguisher was not located in the kitchen where food is provided for child care or cooking area.

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

Corrective Action Plan Due: 07/06/2023

## Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Attendance

Code: The program is required to have attendance records with the required information.

Findings: During the inspection, it was determined that the attendance records did not include the required information listed in number(s) 5 below:

1. The name of the child;

2. The birth date of the child;



3. The assigned group for the child;

4. The child's weekly schedule;

5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

The missing information must be added to the form used to maintain attendance records. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/06/2023

## 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 124 degrees Fahrenheit in the following room(s) first floor 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: 07/06/2023

## Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-13 Clean environment and equipment Code: The program is required to have all required items in the restroom(s) and keep them sanitary.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number(s) 4 & 5 below, were in the first floor restroom:

- 1. There was no liquid soap.
- 2. There was no toilet tissue.
- 3. There were no individually assigned towels or disposable towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet was not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other [ ].

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/06/2023



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

Corrective Action Plan Due: 07/06/2023

## 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(s) 1, 2 & 3 below:

- 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: 07/06/2023

## 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 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: 07/06/2023



## Domain: 07 Diapering & Infant Care

Rule: 5101:2-13-23 Infant Daily Care

Code: The program staff is required to provide a daily written record for each infant in care.

Findings: During the inspection, it was determined that there was no daily written record for each infant provided to the parent or person picking up the infant on a daily basis. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/06/2023

Domain: 07 Diapering & Infant Care

Rule: 5101:2-13-20 Crib and Playpen Requirements

Code: The program is required to remove objects from cribs/playpens that could block the child.

Findings: During the inspection, it was determined that a child had been place in a crib or playpen with the following number(s) 4 below which could obstruct a provider or child care staff member's view of the infant:

1. Busy box or other toy attached to the side of the crib or playpen.

2. A blanket hanging over the side of the crib or playpen.

3. Stuffed animal that is not large/soft enough that it could conform to the shape of the child's face.

4. Other: Infant in playpen awake with several toys, including a stuff animal, small animal head blanket, a few rattles.

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

Corrective Action Plan Due: 07/06/2023

## 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) 3 & 10 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: 07/06/2023

## 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(s) 5 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: 07/06/2023

## Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-02 License Visible       | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| 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 |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting 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 Flammable and  | Compliant                                  |   |
|---|--|---|
| Combustible Materials in a Type B   |  |   |
| Home  |  |   |
| Rule  | Status                                     | Decumenting Statement(c) If applicable  |
| 5101:2-13-04 Heaters in a Type B  | Compliant                                  | Documenting Statement(s), If applicable   |
| Home  | Compliant                                  |   |
| Tionic  |  |   |
|   | -  |   |
| Rule  | Status                                     | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Staff Records  | Compliant                                  |   |
|   |  |   |
|   | <u> </u>                                   |   |
| Rule  | Status                                     | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Type B Provider - Foster   | Compliant                                  |   |
| Parent  |  |   |
|   |  |   |
| Rule  | Status                                     | Documenting Statement(a) If any list has  |
| 5101:2-13-08 Employee Requirements  | Compliant                                  | Documenting Statement(s), If applicable   |
| 5101.2-13-08 Employee Requirements  | Compliant                                  |   |
|   |  |   |
|   |  |   |
| Rule  | Status                                     | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Child Care Staff   | Compliant                                  |   |
| Requirements  |  |   |
|   | <u> </u>                                   |   |
| Rule  | Status                                     | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Whistle Blower   | Compliant                                  |   |
|   |  |   |
|   |  |   |
| Rule  |  |   |
|   | Status                                     | Documenting Statement(c) If applicable  |
|   | Status<br>Compliant                        | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks  | Status<br>Compliant                        | Documenting Statement(s), If applicable   |
|   |  | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks  | Compliant                                  |   |
| 5101:2-13-09 Background Checks Rule   | Compliant<br>Status                        | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks  | Compliant                                  |   |
| 5101:2-13-09 Background Checks Rule   | Compliant<br>Status                        |   |
| 5101:2-13-09 Background Checks Rule   | Compliant<br>Status                        |   |
| 5101:2-13-09 Background Checks Rule   | Compliant<br>Status                        |   |
| 5101:2-13-09 Background Checks         Rule         5101:2-13-10 Health Training         Rule         5101:2-13-10 Professional | Compliant<br>Status<br>Compliant           | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks Rule 5101:2-13-10 Health Training Rule   | Compliant<br>Status<br>Compliant<br>Status | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks         Rule         5101:2-13-10 Health Training         Rule         5101:2-13-10 Professional | Compliant<br>Status<br>Compliant<br>Status | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks         Rule         5101:2-13-10 Health Training         Rule         5101:2-13-10 Professional | Compliant<br>Status<br>Compliant<br>Status | Documenting Statement(s), If applicable   |



| 5101:2-13-11 Outdoor Space                            | Compliant |   |
|---|-----------|---|
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment                        | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                                | Compliant |   |
|   | compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment                           | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                              | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free                               | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing                            |           |   |
| 2101.2-12-12 100thbrushing                            | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision                    | Compliant |   |
| for Field and Routine Trips                           | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements                      | Compliant |   |
| STOTIZ TO THE DIVEL REQUIREMENTS                      |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections                      | Compliant |   |



|                                      | 1         |   |
|--------------------------------------|-----------|---|
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements    | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       |           | bocumenting statement(s), it applicable |
| S101.2-13-15 Realth Conditions       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |   |
| Precautions                          | compliant |   |
| Frecautions                          |           |   |
|                                      | I         |   |
| D. I.                                | Chabura   |   |
| 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 applicable |
| 5101:2-13-16 Disaster Plan           | Compliant |   |
| 2101.2-12-10 Disaster Light          | Compliant |   |
|                                      |           |   |
|                                      | 1         |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
| L                                    | 1         | I]                                      |
| Pulo                                 | Status    | Documenting Statement(s) If emplicable  |
| 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           |  |
| Requirements                                   | Compliant           |  |
| Requirements                                   |                     |  |
|  |                     |  |
| 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                                    |                     |  |
|  |                     |  |
| Pulo   | Status              | Documenting Statement(a) If any list his |
| Rule<br>5101:2-13-22 Meals and Snacks          | Status<br>Compliant | Documenting Statement(s), If applicable  |
| JIUI.2-13-22 WIEdIS dIIU SIIdUKS               | Compliant           |  |
|  |                     |  |
|  | I                   | 1  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Food Handling                     | Compliant           |  |
| 6  |                     |  |
|  |                     |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Bottle and Food            | Compliant           |  |
| Preparation                                    |                     |  |
|  |                     |  |
| Dula   | Status              | Desumenting Statement(s) If applicable   |
| Rule   | Status<br>Compliant | 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                                       |                     |  |
| -  |                     |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication                        | Compliant           |  |
| Requirements                                   |                     |  |
|  |                     |  |
|  |                     |  |
| Pula   | Status              | Documenting Statement(s) If anylischie   |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule<br>5101:2-13-07 Provider Responsibilities | Status<br>Compliant | Documenting Statement(s), If applicable  |



| 5101:2-13 Written Policies and Procedures       Compliant         Rule       Status       Documenting Sta         5101:2-13-12 Carbon Monoxide Detectors - Type B Only       Compliant       Documenting Sta         Rule       Status       Documenting Sta         5101:2-13-11 Indoor Space       Compliant       Documenting Sta         Rule       Status       Documenting Sta         5101:2-13-11 Indoor Space       Compliant       Documenting Sta         Rule       Status       Documenting Sta         5101:2-13-17 Programming       Compliant       Documenting Sta         Rule       Status       Documenting Sta         5101:2-13-24 On-site Pools       Compliant       Documenting Sta         Rule       Status       Documenting Sta         Rule       Status       Documenting Sta   | tement(s), If applicable<br>tement(s), If applicable<br>tement(s), If applicable |
|--|--|
| S101:2-13 Written Policies and<br>roceduresCompliantRuleStatusDocumenting Sta5101:2-13-12 Carbon Monoxide<br>Detectors - Type B OnlyCompliantRuleStatusDocumenting Sta5101:2-13-11 Indoor SpaceCompliantRuleStatusDocumenting Sta5101:2-13-17 ProgrammingCompliantRuleStatusDocumenting Sta5101:2-13-24 On-site PoolsCompliantRuleStatusDocumenting StaStatusDocumenting Sta  | tement(s), If applicable   |
| Si101:2-13 Written Policies and rocedures       Compliant         Rule       Status       Documenting Sta         Si101:2-13-12 Carbon Monoxide etectors - Type B Only       Compliant       Documenting Sta         Rule       Status       Documenting Sta         Si101:2-13-11 Indoor Space       Compliant       Documenting Sta         Rule       Status       Documenting Sta         Si101:2-13-11 Indoor Space       Compliant       Documenting Sta         Rule       Status       Documenting Sta         Si101:2-13-17 Programming       Compliant       Documenting Sta         Rule       Status       Documenting Sta         Si101:2-13-24 On-site Pools       Compliant       Documenting Sta         Rule       Status       Documenting Sta         Rule       Status       Documenting Sta   | tement(s), If applicable   |
| S101:2-13 Written Policies and rocedures       Compliant         Rule       Status       Documenting Sta         S101:2-13-12 Carbon Monoxide vetectors - Type B Only       Compliant       Documenting Sta         Rule       Status       Documenting Sta         S101:2-13-11 Indoor Space       Compliant       Documenting Sta         Rule       Status       Documenting Sta         S101:2-13-11 Indoor Space       Compliant       Documenting Sta         Rule       Status       Documenting Sta         S101:2-13-17 Programming       Compliant       Documenting Sta         Rule       Status       Documenting Sta         S101:2-13-24 On-site Pools       Compliant       Documenting Sta         Rule       Status       Documenting Sta         Rule       Status       Documenting Sta  | tement(s), If applicable   |
| Rule       Status       Documenting State         5101:2-13-12 Carbon Monoxide       Compliant       Documenting State         Detectors - Type B Only       Compliant       Documenting State         Rule       Status       Documenting State         5101:2-13-11 Indoor Space       Compliant       Documenting State         Rule       Status       Documenting State         5101:2-13-17 Programming       Compliant       Documenting State         Rule       Status       Documenting State         5101:2-13-24 On-site Pools       Compliant       Documenting State         Rule       Status       Documenting State         Status       Documenting State       Documenting State |  |
| 5101:2-13-12 Carbon Monoxide<br>Detectors - Type B Only       Compliant         Rule       Status       Documenting State         5101:2-13-11 Indoor Space       Compliant       Documenting State         Rule       Status       Documenting State         5101:2-13-17 Programming       Compliant       Documenting State         Rule       Status       Documenting State         5101:2-13-17 Programming       Compliant       Documenting State         Rule       Status       Documenting State         5101:2-13-24 On-site Pools       Compliant       Documenting State         Rule       Status       Documenting State         Rule       Status       Documenting State         Status       Documenting State       State         Status       Documenting State       State         Status       Documenting State       State         Status       Documenting State       State         Rule       Status       Documenting State   |  |
| Site       Compliant         Rule       Status       Documenting State         Site       Status       Documenting State   |  |
| Petectors - Type B Only       Status       Documenting State         Rule       Status       Documenting State         Status       Compliant       Documenting State         Rule       Status       Documenting State         Status       Documenting State       Documenting State         Rule       Status       Documenting State  | tement(s), If applicable   |
| 5101:2-13-11 Indoor Space       Compliant         Rule       Status       Documenting State         5101:2-13-17 Programming       Compliant       Documenting State         Rule       Status       Documenting State         5101:2-13-24 On-site Pools       Compliant       Documenting State         Rule       Status       Documenting State         Rule       Status       Documenting State         Rule       Status       Documenting State  | tement(s), If applicable   |
| 5101:2-13-11 Indoor Space       Compliant         Rule       Status       Documenting States         5101:2-13-17 Programming       Compliant       Documenting States         Rule       Status       Documenting States         5101:2-13-24 On-site Pools       Compliant       Documenting States         Rule       Status       Documenting States         Rule       Status       Documenting States         Rule       Status       Documenting States   |  |
| 5101:2-13-17 Programming       Compliant         Rule       Status       Documenting State         5101:2-13-24 On-site Pools       Compliant       Image: Compliant         Rule       Status       Documenting State         Rule       Status       Documenting State   |  |
| 5101:2-13-17 Programming       Compliant         Rule       Status       Documenting States         5101:2-13-24 On-site Pools       Compliant       Image: Compliant States         Rule       Status       Documenting States  |  |
| Rule       Status       Documenting Status         5101:2-13-24 On-site Pools       Compliant       Image: Compliant         Rule       Status       Documenting Status  | tement(s), If applicable   |
| 5101:2-13-24 On-site Pools     Compliant       Rule     Status     Documenting Status  |  |
| 5101:2-13-24 On-site Pools     Compliant       Rule     Status     Documenting Status  | tomont(c) If applicable  |
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|  | tement(s), If applicable   |
| 5101:2-13-12 Pets Compliant  |  |
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|  | tement(s), If applicable   |
| 5101:2-13-24 Swimming Sites Compliant  |  |
| Rule Status Documenting Sta  |  |
|  | tomont(s) If applicable  |
| 5101:2-13-17 Materials and Compliant<br>quipment   | tement(s), If applicable   |
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