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 http://jfs.ohio.gov/CDC/childcare.stm. 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 Deta | ils | |
|--|-------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| Arrah's Luv'n Home Daycare | 2180018524 | | FCC - Type A Home |
| Address | | | County |
| 1257 East 89th Street | | | CUYAHOGA |
| | | | |
| Cleveland | | | |
| OH 44108 | | | |
| Building and Fire Approvals apply to Type A Family Child | d Care Homes only | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 05/25/2018 | NA | 12 | |
| Fire Inspection Approval Date | | | · |
| 05/25/2018 | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 08/24/2021 | 10:50 AM | | 4:31 PM | |
| Reviewer: | | | | |
| Melissa Vega | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 79 | 5 | 0 | 0 | 6 |

| 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 | 12 | 1 | 0 | 1 |
| Older Toddler | | 5 | 0 | 5 |
| Preschool | | 4 | 0 | 4 |
| School Age | | 5 | 0 | 5 |
| Total Capacity/Enrollment | 12 | 14 | 0 | 15 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Arrah Abdullah | Mixed Age Group | 3 to 5 | |

Summary of Non-Compliances

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

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

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Requirements

Code: The provider is required to maintain current employee and resident records in the Ohio Professional

Registry.



Findings: During the inspection, it was determined that employment records were not entered or updated within five calendar days of the change in the Ohio Professional Registry (OPR) as noted in number #1 and #3 below:

- 1. At least one employee or child care staff member (including substitutes) had not created an employment record in the OPR for the program.
- 2. At least one resident had not created an employment record in the OPR for the family child care provider within five days of becoming a resident or turning eighteen.
- 3. The provider had not assigned at least one employee, child care staff member (including substitutes), or resident to the program's organization dashboard.
- 4. At least one individual's schedule was not current.
- 5. At least one individual's position or role was not current.
- 6. At least one individual's employment or residence had not been end dated.
- 7 .Other: []

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

Corrective Action Plan Due: 09/26/2021

Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

Code: The program staff is required to complete the prescribed child abuse and neglect course within the

required timeframe.

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for training(s) listed in number(s) #1 and #5 below:

- 1. First Aid expired training
- 2. First Aid not taken First Aid training
- 3. First Aid not have verification of completion of First Aid
- 4. First Aid Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 5. CPR expired training
- 6. CPR not taken CPR training
- 7. CPR not have verification of CPR training
- 8. CPR training taken did not include all age groups the program serves
- 9. CPR Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 10. Management of Communicable Disease expired training
- 11. Management of Communicable Disease not taken CD training
- 12. Managment of Communicable Disease not have verification of completion of the full CD training
- 13. Management of Communicable Disease Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 14. Child Abuse Recognition and Prevention expired training
- 15. Child Abuse Recognition and Prevention not taken Child Abuse training



16. Child Abuse Recognition and Prevention - Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

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

Corrective Action Plan Due: 09/26/2021

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Requirements

Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Findings: During the inspection, it was determined the provider did not have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" completed for each child in care. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/26/2021

Domain: 09 Children's Files

Rule: 5101:2-13-15 Health Conditions

Code: The program is required to have a completed JFS 01236 "Medical/Physical Care Plan" on file for each condition for each child, which is updated annually and retained for at least one year.

Findings: In review of records, it was determined the JFS 01236 ""Medical/Physical Care Plan"" did not meet the requirements of the rule as noted in number(s) #1 below:

- 1. The JFS 01236 had not been updated annually
- 2. The JFS 01236 had not been kept on file for one year
- 3. A separate JFS 01236 had not been used for each condition

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

Corrective Action Plan Due: 09/26/2021

Domain: 09 Children's Files

Rule: 5101:2-13-15 JFS 01234 'Child Enrollment and Health Information'

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) #7,#9,#12,#13 #14 below.

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

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

Corrective Action Plan Due: 09/26/2021

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child's Medical

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) #1 and #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. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 6. 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

- 7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 8. 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

9. 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

10. Other []

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

Corrective Action Plan Due: 09/26/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|--|
| 5101:2-13-14 Driver Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Posted | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | |
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| Rule | Chahua | Description (testage ent/s) If a militable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size | Compliant | bocumenting statement(s), if applicable |
| 5101.2-15-16 Natio alia Gloup Size | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size | Compliant | bocamenting statement(3), it applicable |
| 3101.2-13-16 Natio and Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-07 Provider Requirements | Compliant | 3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
| 310112 10 11 1110001 0 0 0 0 0 | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | |
| Requirements | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and | Compliant | Southeriting statement(s), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Inspection for Type | Compliant | bocumenting statement(3), if applicable |
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| A Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | Documenting statement(s), if applicable |
| 5101:2-13-13 Handwashing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | Documenting statement(s), if applicable |
| 3101.2-13-17 Flogramming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-24 OII-SILE FOOIS | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider | Compliant | Documenting Statement(s), If applicable |
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| 5101:2-13-13 Smoke Free | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | J (" 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Standard Precautions | Compliant | bocumenting statement(s), if applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 JFS 00598 'Owner's Authorized Reqpresentative/Partnership Form for Child Care' | Compliant | Documenting statement(s), if applicable |
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| Rule 5101:2-13-08 Review Policies and Procedures | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary Closure | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
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| 5101:2-13-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Staff Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | Bocamenting statement(s), it applicable |
| STOTIE TO TO MOIDENLY MIJURY | Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Inspections for | Compliant | |
| Type A Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | Documenting Statement(3), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | 5 |
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| 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 | Preparation | | |
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| | Rule | Status | Documenting Statement(s) If applicable |
| 5101.2-13-13 TOOLIDERUSHING COMPHANT | | | Documenting Statement(3), It applicable |
| | 2101:7-12-13 LOOTUBLASUING | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-17 Materials and | Compliant | , , , , , , , , , , , , , , , , , , , |
| Equipment | · | |
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| Rule 5101 2 12 10 6 | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and | Compliant | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | Documenting statement(s), if applicable |
| | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | , , , , , , , , , , , , , , , , , , , |
| Requirements | | |
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| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-13-02 Information in Provider | Compliant | Documenting Statement(s), If applicable |
| Portal | Compilant | |
| 1 0100 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | 3 (" 11 |
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| Dulo | Ctatus | Decumenting Statement/s) If a reliable |
| Rule 5101:2-13-16 Serious Incident | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-10 Serious incluent | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-10 Professional Development | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen | Compliant | botamenting statement(3), it applicable |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute Requirements | Compliant | |
| Requirements | | |
| Dula | Chahua | Decrees the Chater cut/s) If and inchis |
| Rule 5101:2-13-08 Substitute | Status Compliant | Documenting Statement(s), If applicable |
| Requirements | Compilant | |
| <u> </u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | Section 2 May 19 Property |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
| | | |
| | 1 - | |
| Rule 5101:2-13-02 Provider Medical | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-15-02 Flowider Wedical | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | 1(-), |
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| <u> </u> | <u> </u> | 1 |
| 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 |
| 5101:2-13-09 Background Checks | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-09 Background Checks | Compliant | |
| Rule | Status | Desumenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | bocamenting statement(3), if applicable |
| Requirements | Compilant | |
| | 1 - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |