

## 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      |  |
| Blessings On Blessings Childcare | 2200022162     | FCC - Type B Home |  |
| Address                          |                | County            |  |
| 612 Burns Street                 |                | RICHLAND          |  |
|                                  |                |                   |  |
| Mansfield                        |                |                   |  |
| OH 44903                         |                |                   |  |

|                    | Inspection Information         |                  |                   |              |  |
|--------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type    | Inspection Sc                  | соре             | Inspection Notice |              |  |
| Complaint          | Partial                        |                  | Unannounced       |              |  |
| Inspection Date    | Begin Time                     |                  | End Time          |              |  |
| 07/27/2021         | 2:00 PM                        |                  | 3:18 PM           |              |  |
| Reviewer:          |                                |                  |                   |              |  |
| Paige Mack         |                                |                  |                   |              |  |
|                    | Summary of Findings            |                  |                   |              |  |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 2                  | 1                              | 0                | 0                 | 1            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant (Birth to < 18 m)                                  |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 0          | 0         | 0     |

| S         | Staff-Child Ratios at the Time of Inspection |                |   |  |
|-----------|--|----------------|---|--|
| Group     | Age Group/Range                              | Ratio Observed | Comment   |  |
| Mixed Age | Mixed Age Group                              | 1 to 3         | Provider's 11 year<br>old child was also<br>present. As was<br>Cindy Pitcher<br>RCJFS Supervisor. |  |



## **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

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: 05 Health & Safety

Rule: 5101:2-13-16 Incident/Injury

Code: The program is required to provide a copy of the JFS 01299 "Incident/Injury Report" to parents at the time of pick up.



Findings: During the inspection, it was determined that parents or a person picking up a child did not receive the JFS 01299 "Incident/Injury Report" on the day of the incident, as required by the rule. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/26/2021

## **Rules In-Compliance/Not Verified**

| Rule                               | Status       | Documenting Statement(s), If applicable |
|------------------------------------|--------------|---|
| 5101:2-13-14 Driver Requirements   | Not Verified |   |
|                                    |              |   |
|                                    |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Not Verified |   |
| Care                               |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Posted        | Not Verified |   |
|                                    |              |   |
|                                    |              |   |
| Dula                               | Chabus       |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care     | Not Verified |   |
|                                    |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training B     | Not Verified |   |
|                                    |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s) If applicable  |
| 5101:2-13-15 JFS 01234 'Child      | Not Verified | Documenting Statement(s), If applicable |
| Enrollment and Health Information' |              |   |
|                                    |              |   |
|                                    | 1            |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan         | Not Verified |   |
|                                    |              |   |
| L                                  |              |   |
|                                    |              |   |



| Rule                                 | Status                 | Documenting Statement(s), If applicable |
|--------------------------------------|------------------------|---|
| 5101:2-13-18 Ratio and Group Size    | Not Verified           |   |
|                                      |                        |   |
|                                      |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size    | Not Verified           |   |
|                                      |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements   | Not Verified           |   |
|                                      |                        |   |
|                                      |                        |   |
| Della                                | Chature                |   |
| Rule                                 | Status<br>Not Verified | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space            | Not vermed             |   |
|                                      |                        |   |
|                                      | l                      |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff        | Not Verified           |   |
| Requirements                         |                        |   |
|                                      |                        |   |
| Dula                                 | Chature                |   |
| Rule<br>5101:2-13-04 Flammable and   | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Combustible Materials in Type B Home | Not vermed             |   |
|                                      |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and    | Not Verified           |   |
| Lotions                              |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing             | Not Verified           |   |
| storie is is hundwashing             |                        |   |
|                                      |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming             | Not Verified           |   |
|                                      |                        |   |
| L                                    |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools           | Not Verified           |   |
|                                      |                        |   |
|                                      |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment          | Not Verified           |   |
|                                      |                        |   |



| Rule  | Status                 | Documenting Statement(s), If applicable |
|---|------------------------|---|
| 5101:2-13-04 Fire Safety for Type B<br>Homes  | Not Verified           |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for Swimming   | Not Verified           |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Napping<br>Requirements for a Licensed Family<br>Child Care Provider | Not Verified           |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free   | Not Verified           |   |
| Dula  | Chabus                 |   |
| Rule<br>5101:2-13-08 Employee Requirements  | Status<br>Not Verified | Documenting Statement(s), If applicable |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-16 Standard Precautions   | Not Verified           |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections  | Not Verified           | Documenting statement(s), if applicable |
|   | Not vermed             |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and<br>Procedures  | Not Verified           |   |
| D. I.   | Chattan                |   |
| Rule  | Status<br>Not Verified | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary<br>Closure   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk   | Not Verified           |   |
|   |                        |   |

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| Rule                              | Status       | Documenting Statement(s), If applicable |
|-----------------------------------|--------------|---|
| 5101:2-13-20 Crib and Playpen     | Not Verified |   |
| Requirements                      |              |   |
|                                   | 1            |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Not Verified |   |
| 5101.2-15-14 Vehicle Requirements | Not vermed   |   |
|                                   |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone            | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-08 Staff Records        | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury      | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering            | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                 | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites       | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling        | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
| Dula                              | Chatura      |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment     | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
|                                   |              |   |



| 5101:2-13-11 Outdoor Equipment  | Not Verified           |   |
|---|------------------------|---|
| Rule<br>5101:2-13-19 Child Guidance   | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-16 First Aid Kit  | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-04 Heaters in a Type B<br>Home                            | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-14 Ratio and Supervision<br>for Field and Routine Trips   | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-16 Medical, Dental, and<br>General Emergency Requirements | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-16 Medical, Dental, and<br>General Emergency Requirements | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-25 Medication Storage                                     | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-19 School Age Supervision                                 | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-07 Type B Provider - Foster<br>Parent                     | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-23 Infant Bottle and Food<br>Preparation                  | Status<br>Not Verified | Documenting Statement(s), If applicable |



| Rule   | Status  | Documenting Statement(s), If applicable   |
|--|---|---|
| 5101:2-13-13 Toothbrushing   | Not Verified  |   |
|  |   |   |
|  |   |   |
|  | 1   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-17 Materials and   | Not Verified  |   |
| Equipment  |   |   |
| Equipment  |   |   |
|  |   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-19 Supervision   | Not Verified  |   |
| 5101.2 15 15 5000000   | Not vermed  |   |
|  |   |   |
|  | 1   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-13 Clean Environment and   | Not Verified  | bootheneng otacement(o), it applicable  |
|  | Not vermed  |   |
| Equipment  |   |   |
|  |   |   |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Communicable Diseases   |   | Documenting statement(s), if applicable   |
| 5101:2-13-16 Communicable Diseases   | Not Verified  |   |
|  |   |   |
|  |   |   |
|  |   |   |
| Dula   | Ctatus  | Decumenting Statement(s) If applicable  |
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment  | Status<br>Not Verified  | Documenting Statement(s), If applicable   |
|  |   | Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment  |   | Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene   | Not Verified  |   |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene<br>Rule   | Not Verified Status   | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene<br>Rule<br>5101:2-13-25 Medication  | Not Verified  |   |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene<br>Rule   | Not Verified Status   |   |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene<br>Rule<br>5101:2-13-25 Medication  | Not Verified Status   |   |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene<br>Rule<br>5101:2-13-25 Medication<br>Requirements  | Not Verified<br>Status<br>Not Verified  | Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment         and Hygiene         Rule         5101:2-13-25 Medication         Requirements  | Not Verified<br>Status<br>Not Verified<br>Status  |   |
| 5101:2-13-21 Sanitary Environment<br>and HygieneRuleS101:2-13-25 Medication<br>RequirementsRuleS101:2-13-02 Information in Provider  | Not Verified<br>Status<br>Not Verified  | Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment         and Hygiene         Rule         5101:2-13-25 Medication         Requirements  | Not Verified<br>Status<br>Not Verified<br>Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment<br>and HygieneRuleS101:2-13-25 Medication<br>RequirementsRuleS101:2-13-02 Information in Provider  | Not Verified<br>Status<br>Not Verified<br>Status  | Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene         Rule         5101:2-13-25 Medication<br>Requirements         Rule         5101:2-13-02 Information in Provider<br>Portal  | Not Verified         Status         Not Verified         Status         Not Verified  | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene         Rule         5101:2-13-25 Medication<br>Requirements         Rule         5101:2-13-02 Information in Provider<br>Portal         Rule   | Not Verified         Status         Not Verified         Status         Not Verified         Status         Status         Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene         Rule         5101:2-13-25 Medication<br>Requirements         Rule         5101:2-13-02 Information in Provider<br>Portal  | Not Verified         Status         Not Verified         Status         Not Verified  | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| S101:2-13-21 Sanitary Environment<br>and Hygiene         Rule         5101:2-13-25 Medication<br>Requirements         Rule         5101:2-13-02 Information in Provider<br>Portal         Rule   | Not Verified         Status         Not Verified         Status         Not Verified         Status         Status         Status   | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| S101:2-13-21 Sanitary Environment<br>and Hygiene         Rule         5101:2-13-25 Medication<br>Requirements         Rule         5101:2-13-02 Information in Provider<br>Portal         Rule         S101:2-13-14 Requirements for Field                                   | Not Verified         Status         Not Verified         Status         Not Verified         Status         Status         Status   | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene         Rule         5101:2-13-25 Medication<br>Requirements         Rule         5101:2-13-02 Information in Provider<br>Portal         Rule         S101:2-13-14 Requirements for Field                                   | Not Verified         Status         Not Verified         Status         Not Verified         Status         Status         Status   | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene         Rule         5101:2-13-25 Medication<br>Requirements         Rule         5101:2-13-02 Information in Provider<br>Portal         Rule         S101:2-13-14 Requirements for Field                                   | Not Verified         Status         Not Verified         Status         Not Verified         Status         Status         Status   | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene         Rule         5101:2-13-25 Medication<br>Requirements         Rule         5101:2-13-02 Information in Provider<br>Portal         Rule         5101:2-13-14 Requirements for Field<br>and Routine Trips              | Not Verified         Status         Not Verified         Status         Not Verified         Status         Not Verified         Status         Not Verified  | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-13-21 Sanitary Environment<br>and Hygiene         Rule         5101:2-13-25 Medication<br>Requirements         Rule         5101:2-13-02 Information in Provider<br>Portal         Rule         S101:2-13-14 Requirements for Field<br>and Routine Trips         Rule | Not Verified         Status         Not Verified         Status         Not Verified         Status         Not Verified         Status         Status         Status         Status         Status         Status         Status         Status         Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-13-21 Sanitary Environment<br>and Hygiene         Rule         5101:2-13-25 Medication<br>Requirements         Rule         5101:2-13-02 Information in Provider<br>Portal         Rule         5101:2-13-14 Requirements for Field<br>and Routine Trips         Rule | Not Verified         Status         Not Verified         Status         Not Verified         Status         Not Verified         Status         Status         Status         Status         Status         Status         Status         Status         Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |



| Rule                                 | Status       | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5101:2-13-16 Serious Incident        | Not Verified |   |
|                                      |              |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional            | Not Verified |   |
| Development                          |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen | Not Verified |   |
|                                      | Not vermea   |   |
|                                      |              |   |
|                                      | ·            | · · ·                                   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child's Medical         | Not Verified |   |
|                                      |              |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks        | Not Verified |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute              | Not Verified |   |
| Requirements                         |              |   |
| •                                    |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute              | Not Verified |   |
| Requirements                         |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Not Verified |   |
|                                      | Not vermed   |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS    | Not Verified |   |
|                                      |              |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space           | Not Verified |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical        | Not Verified | bocumenting statement(s), if applicable |
|                                      | Not verified |   |



| Rule                                    | Status                 | Documenting Statement(s), If applicable |
|---|------------------------|---|
| 5101:2-13-09 Background Checks          | Not Verified           |   |
|   |                        |   |
|   |                        |   |
| Rule                                    | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks          | Not Verified           |   |
|   |                        |   |
|   |                        |   |
|   |                        |   |
| Rule                                    | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks          | Not Verified           |   |
|   |                        |   |
|   | 1                      |   |
| Rule                                    | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks          | Not Verified           |   |
|   |                        |   |
|   |                        |   |
| Rule                                    | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance                 | Not Verified           |   |
|   |                        |   |
|   |                        |   |
|   |                        |   |
| Rule<br>5101:2-13-02 Change of Location | Status<br>Not Verified | Documenting Statement(s), If applicable |
| 5101.2-13-02 Change of Location         | Not vermed             |   |
|   |                        |   |
|   |                        |   |
| Rule                                    | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements      | Not Verified           |   |
|   |                        |   |
| L                                       |                        | I                                       |
| Rule                                    | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                 | Not Verified           |   |
| Requirements                            |                        |   |
|   |                        |   |
|   |                        |   |
|   |                        |   |