

# **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      |
| Kid Lillie Daycare  | 2220026921     | FCC - Type B Home |
| Address             | ·              | County            |
| 146 E Eureka Street |                | ALLEN             |
| Lima                |                |                   |
| OH 45804            |                |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | Inspection Scope |                   |              |  |
| Compliance             | Full                           | 6049             | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 11/25/2024             | 1:31 PM                        | 1:31 PM          |                   | 2:33 PM      |  |
| Reviewer:              |                                |                  |                   |              |  |
| Bridget Rex            |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 69                     | 9                              | 0                | 0                 | 11           |  |

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

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Mixed Age Group                              | Mixed Age Group | 1 to 4         |         |



# **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 number(s) 3,4, & 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: 12/25/2024

#### Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Preparedness and Response Plan

Code: The program is required to train child care staff members and employees on the written emergency preparedness and response plan annually and keep written documentation of the training on-site.

Findings: During the inspection, it was determined the program's written emergency and preparedness and response plan did not meet the requirement for training child care staff members and employees on the plan annually as noted in number(s) 2 below:

- 1. Child care staff members and employees were not trained annually.
- 2. Written documentation of the training was not kept on file.

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

Corrective Action Plan Due: 12/25/2024

# Domain: 05 Health & Safety

Rule: 5101:2-13-22 Fluid Milk

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

Findings: During the inspection, it was determined that the program did not have the type of milk 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: 12/25/2024

#### Domain: 05 Health & Safety

Rule: 5101:2-13-22 Meals and Snacks

Code: The program is required to post the current menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

Findings: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) 3 below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

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

Corrective Action Plan Due: 12/25/2024

#### Domain: 05 Health & Safety

Rule: 5101:2-13-16 Communicable Diseases

Code: The program is required to post the Ohio Communicable Disease Chart in a noticeable area.

Findings: During the inspection, it was determined that the Ohio Communicable Disease Chart was not posted as required, as indicated in the number(s) 2 below:

- 1. In a location readily available to provider, child care staff members, employees, and residents;
- 2. The chart was not posted.
- 3. The posted chart was not the current version and the Child Care Manual Procedural Letter No. 159 was not posted next to the chart.
- 4. The posted chart was not displayed in the size available in the ODJFS forms central to be easily read.

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

Corrective Action Plan Due: 12/25/2024

#### Domain: 05 Health & Safety

Rule: 5101:2-13-16 Emergency Preparedness and Response Plan



Code: The program is required to have a completed emergency preparedness and response plan.

Findings: During the inspection, it was determined the program's written emergency preparedness and response plan did not meet the requirement or was missing the information in number(s) 20 below:

Procedures:

- 1. The written emergency and preparedness and response plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism including a designated safe site where staff and children can safely remain when evacuated
- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats including a designated safe site where staff and children can safely remain when evacuated
- 6. Outbreaks, epidemics or other infectious disease emergencies
- 7. Loss of power, water, or heat
- 8. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 10. Assisting infants, toddlers and children with special needs and/or health conditions
- 11. Emergency contact information for parents and the program
- 12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 13. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 16. Making the plan available to all child care staff members and employees
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials
- 20. The plan was unable to be implemented in that, the plan was not available for review onsite.

Submit the program's corrective action plan, which includes the missing information, if applicable, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/25/2024

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

Rule: 5101:2-13-08 Child Care Staff Requirements

Code: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.



Findings: In review of the staff records, it was determined that child care staff member(s) or substitute child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number(s) 1 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
- 2. No documentation of completing the training after December 31, 2016.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 12/25/2024

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

Rule: 5101:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for training(s) listed in number(s) 1 & 4 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of the completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse 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: 12/25/2024

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

Rule: 5101:2-13-09 Background Checks

Code: Individuals are required to completed the background check process and obtain complete results.

Findings: In review of the staff records, it was determined that background check requirements were incomplete for the individuals listed on the Employee Record Chart, as noted in number(s) 1 below:

- 1. The JFS 01176 "Program Notification of Background check Review for Child Care" was not on file at the program, but was on file at the county agency and the individual is eligible.
- 2. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the program and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.
- 3. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the county agency and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/25/2024

#### Domain: 09 Children's Files

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

Code: The program is required to have a completed 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) 1, 7, 8, 10, 15

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: 12/25/2024

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(s) 1,2, 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

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11. Other [ ]

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

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Corrective Action Plan Due: 12/25/2024



# Rules In-Compliance/Not Verified

| Rule                                   | Status     | Documenting Statement(s), If applicable |
|--|------------|---|
| 5101:2-13-02 Voluntary Temporary       | Compliant  |   |
| Closure                                |            |   |
|  |            |   |
|  | N7         |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary       | Compliant  |   |
| Closure                                |            |   |
|  |            |   |
|  | - American |   |
| 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  | Documenting Statement(s), if applicable |
| 3101.2-13-02 IIIIOIIIIatioii III OCLQ3 | Compilant  |   |
|  |            |   |
|  |            |   |
| 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                           | 50         |   |
|  |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements     | Compliant  |   |
| for Type B Homes                       |            |   |
|  |            |   |
| Dula                                   | Chahua     | Decimanting Chater and (1) If and I and |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B    | Compliant  |   |
| Homes                                  |            |   |
|  | 1          | <u> </u>                                |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and             | Compliant  | Documenting Statement(s), it applicable |
| Combustible Materials in a Type B      | Compilant  |   |
| Home                                   |            |   |
| Home                                   |            |   |



| Rule                                  | Status   | Documenting Statement/s) If applicable    |
|---------------------------------------|--|---|
|                                       | Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-04 Heaters in a Type B      | Compliant  |   |
| Home                                  |  |   |
|                                       |  |   |
|                                       | I.   |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Staff Records            | Compliant  |   |
|                                       |  |   |
|                                       |  |   |
|                                       |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Type B Provider - Foster | Compliant  |   |
| Parent                                | Selection of the select |   |
|                                       |  |   |
|                                       |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Employee Requirements    | Compliant  | 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -   |
| 3101.2-13-08 Employee Requirements    | Compilant  |   |
|                                       |  |   |
|                                       |  | 1   |
| D. J.                                 | CE-t   | D   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Whistle Blower           | Compliant  |   |
|                                       |  |   |
|                                       |  |   |
|                                       |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-10 Professional             | Compliant  |   |
| Development                           |  |   |
|                                       |  |   |
|                                       |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-11 Outdoor Space            | Compliant  | (-//                                      |
| 3101.2 13 11 Outdoor space            | Compilant  |   |
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| Rule                                  | Ctatus   | Decumenting Statement (-) If a validable  |
|                                       | 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  |   |
|                                       |  |   |
|                                       |  |   |
|                                       |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Safe Equipment           | Compliant  | (e), appa                                 |
| 5101.2 15 12 Said Equipment           | Compilant  |   |
|                                       |  |   |
|                                       | I.   |   |
| P. J.                                 | Chahua   | Decumentia Chahaman H.A. If a will a life |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |



| Compliant           |  |
|---------------------|--|
| Status<br>Compliant | Documenting Statement(s), If applicable  |
| Status Compliant    | Documenting Statement(s), If applicable  |
|                     | Status Compliant  Status Compliant |



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|  |                         | 1  |
| 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 Medical, Dental, and  | Compliant               |  |
| General Emergency Plan   |                         |  |
|  |                         |  |
|  |                         |  |
| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills  | Compliant               |  |
|  |                         |  |
|  |                         |  |
|  |                         |  |
| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant               |  |
| Precautions  |                         |  |
|  |                         |  |
|  |                         |  |
| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury   | Compliant               |  |
| State State Color (Color Section State Sta | 1                       |  |
|  |                         |  |
|  | *                       | *  |
| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision   | Compliant               |  |
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|  |                         |  |
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| Rule   | Status                  | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision  | Compliant               |  |
|  |                         |  |
|  |                         |  |
|  | -                       |  |
| Rule   | Status                  | Documenting Statement(s), If applicable  |
|  |                         |  |
|  | Compliant               |  |
| 5101:2-13-19 Child Guidance  | Compliant               |  |
|  | Compliant               |  |
|  | Compliant               |  |
|  |                         | Documenting Statement(s). If applicable  |
| 5101:2-13-19 Child Guidance Rule   | Status                  | Documenting Statement(s), If applicable  |
| S101:2-13-19 Child Guidance  Rule  5101:2-13-20 Sleep and Nap  |                         | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance Rule   | Status                  | Documenting Statement(s), If applicable  |
| S101:2-13-19 Child Guidance  Rule  5101:2-13-20 Sleep and Nap  | Status                  | Documenting Statement(s), If applicable  |
| S101:2-13-19 Child Guidance  Rule  5101:2-13-20 Sleep and Nap Requirements   | Status<br>Compliant     |  |
| S101:2-13-19 Child Guidance  Rule  5101:2-13-20 Sleep and Nap Requirements  Rule   | Status Compliant Status | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-20 Sleep and Nap Requirements  Rule 5101:2-13-20 Crib and Playpen   | Status<br>Compliant     |  |
| Rule 5101:2-13-19 Child Guidance  Rule 5101:2-13-20 Sleep and Nap Requirements  Rule   | Status Compliant Status |  |



| Rule                                   | Status   | Documenting Statement(s), If applicable    |
|--|--|--|
| 5101:2-13-21 Evening and Overnight     | Compliant  |  |
| Care                                   |  |  |
|  |  |  |
|  | I -  |  |
| Rule                                   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-21 Sanitary Environment      | Compliant  |  |
| and Hygiene                            |  |  |
|  | L  |  |
| 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    |
| 5101:2-13-23 Infant Daily Care         | Compliant  | Documenting Statement(s), if applicable    |
| 3101.2-13-23 illiant bany care         | Compliant  |  |
|  |  |  |
|  |  |  |
| Rule                                   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-23 Infant Bottle and Food    | Compliant  |  |
| Preparation                            |  |  |
|  |  |  |
| Rule                                   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-23 Diapering                 | Compliant  |  |
|  |  |  |
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| Rule                                   | Chabina  | Decree action Chatamagnet at 15 and inchin |
| 5101:2-13-24 Parent Permission for     | Status Compliant   | Documenting Statement(s), If applicable    |
| Swimming                               | Compliant  |  |
| Swittilling                            |  |  |
|  |  |  |
| Rule                                   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-25 Medication                | Compliant  |  |
| Requirements                           |  |  |
| L                                      |  |  |
| Rule                                   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-07 Provider Responsibilities | Compliant  |  |
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| Rule                                   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-18 Group Size and Ratios     | Compliant  |  |
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|  | ŀ  |  |
| Rule                                   | Status   | Documenting Statement(s), If applicable    |
|  |  | 3 7 7 11                                   |



| 5101:2-13 Written Policies and Procedures               | Compliant        |  |
|---|------------------|--|
| Rule  | Status           | Documenting Statement(s), If applicable    |
| 5101:2-13-12 Carbon Monoxide<br>Detectors - Type B Only | Compliant        | bocumenting statement(s), if applicable    |
| Rule  | Status           | Documenting Statement(s), If applicable    |
| 5180:2-13-14 Vehicle Inspections                        | Compliant        | Documenting statement(s), it approaches    |
|   |                  |  |
| Rule  | Status           | Documenting Statement(s), If applicable    |
| 5101:2-13-11 Indoor Space                               | Compliant        |  |
| Rule  | Status           | Documenting Statement(s), If applicable    |
| 5101:2-13-17 Programming                                | Compliant        |  |
|   | Control          |  |
| Rule 5101:2-13-24 On-site Pools                         | Status Compliant | Documenting Statement(s), If applicable    |
|   |                  |  |
| Rule  | Status           | Documenting Statement(s), If applicable    |
| 5101:2-13-12 Pets                                       | Compliant        |  |
| D.J.  | Chatus           | Description Challenge and A. If any limble |
| Rule  | Status           | Documenting Statement(s), If applicable    |
| 5101:2-13-24 Swimming Sites                             | Compliant        |  |
| Rule  | Status           | Documenting Statement/s\ If smalles L1-    |
| 16fterea/free   | Status           | Documenting Statement(s), If applicable    |
| 5101:2-13-17 Materials and Equipment                    | Compliant        |  |