# **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      |
| A Free Mind Learning LLC | 2230029009     | FCC - Type B Home |
| Address                  |                | County            |
| 7287 candlestone dr      |                | FAIRFIELD         |
|                          |                |                   |
| reynoldsburg             |                |                   |
| OH 43068                 |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Pre-license            | Full                           |                  | Announced         |              |
| Inspection Date        | Begin Time                     |                  | End Time          | ,            |
| 07/11/2024             | 9:52 AM                        |                  | 11:00 AM          |              |
| Reviewer:              | 2/                             |                  | w                 |              |
| Shannon Adams          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 8                              | 0                | 1                 | 8            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
| 9   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       |                  | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 |                  | 0          | 0         | 0     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| A Free Mind Learning Mixed Age               | Mixed Age Group | 1 to 0         |         |
| Group  | CONTRACTOR NO.  |                |         |



# **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   |
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|   |  |
|   |  |
|   | Moderate Risk Non-Compliances  |
|   | Domain: 02 Safe & Sanitary Environment   |
|   | Rule: 5101:2-13-12 Carbon Monoxide Detectors - Type B Only   |
|   | Code: The program is required to meet all requirements for carbon monoxide detectors.  |
|   |  |
|   | Findings: During the inspection, it was determined that the Type B Home did not have a working carbon  |
|   | monoxide detector on each floor where care is provided - on the first floor and basement. A working carbon monoxide detector must be placed, installed, tested, and maintained in accordance with manufacturer's |
|   | recommendations. Submit the program's corrective action plan to verify compliance with this rule.  |
|   | Corrective Action Plan Due: 08/10/2024   |

# **Low Risk Non-Compliances**

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 134 in the following room - bathroom. 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: 08/10/2024

### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-13 Smoke Free

Code: The program is required to provide a smoke free environment during operating hours, ensure smoking is not seen by children, post a "No Smoking Sign" by the main entrance, provide notification to parents if smoking occurs on the premises outside of operating hours, and refrain from exposing children to smoking paraphernalia.

Findings: During the inspection, it was determined that the program was not maintaining a smoke free environment, as noted in the number 3 below:

- 1. The program did not provide a smoke free environment for children during the hours of child care in that [].
- 2. An individual left the home to smoke, however, this smoking occurred in an area within view of the children.
- 3. A "No Smoking" sign was not displayed in a conspicuous place at the main entrance.
- 4. Smoking had occurred in the program or vehicle during hours the program was not in operation; however, parents had not been given written notice of this.
- 5. Children had access and/or were exposed to smoking paraphernalia in that [cigarettes/cigars/pipe butts/ashes/chewing or smokeless tobacco/electronic cigarettes/vaporizers/bong] was/were observed in view of children.
- 6. Other [].

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

Corrective Action Plan Due: 08/10/2024

#### 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 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number 7 below:

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.

- 3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
- 5. Location of children's records was not complete.
- 6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.
- 7. The current version of the prescribed form was not used.
- 8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 08/10/2024

#### **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-17 Programming

Code: The program is required to have a daily schedule posted in a visible place.

Findings: During the inspection, it was determined the daily schedule was not posted in the program. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 08/10/2024

## **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the fire and weather alert plan with a diagram.

Findings: During the inspection, it was determined the following information was not posted for item number 1 below:

- 1. Fire alert plan, including a diagram indicating evacuation routes.
- 2. Weather alert plan was missing details for [].
- 3. Weather alert plan was missing a diagram indicating evacuation routes.

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

Corrective Action Plan Due: 08/10/2024



## Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-13-11 Outdoor Space

Code: The program is required to have an outdoor play space free from immediate risk.

Findings: During the inspection, it was determined that an outdoor play area was used which was not protected from traffic and other hazards by a fence in good repair, or other barrier. Although the fence or natural barrier was not meeting the rule requirements, it was determined to not present an immediate risk for a child to be able to leave the playground. The fence or gate was not in good repair and/or being used inappropriately as noted in number 12 below:

- 1. The fencing had missing slat boards.
- 2. The fencing was broken.
- 3. The fencing was loose.
- 4. The fencing was rotting.
- 5. The gate was broken and did not close.
- 6. The gate was locked.
- 7. The latch on the gate was broken.
- 8. The latch was easily opened by children on the playground.
- 9. The latch was not engaged to prevent children from opening the gate.
- 10. The gate had no latch.
- 11. There were bolts with more than two threads exposed along a fence line or gate on a playground.
- 12. Other the fencing was not continuous.

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

Corrective Action Plan Due: 08/10/2024

#### Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit onsite as required, that included all items listed in the appendix A of the rule. The kit was missing the items or the items were not replaced after use listed in numbers 8 and 11 below:

- 1. One roll of first-aid tape;
- 2. Individually wrapped sterile gauze;

squares in assorted sizes;

- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;

- 6. Triangular bandage;
- 7. Rounded end scissors;
- 8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;
- 12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
- 13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
- 14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 08/10/2024

## 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 1 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: 08/10/2024

# 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 |   |
|                                     |           |   |
|                                     |           |   |
| D.I.                                | l Cu .    | D :: C: : ://\fc !: !!                  |
| 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  |           | Documenting Statement(s), it applicable |
|                                     | Compliant |   |
| for Type B Homes                    |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant | Booking statement(o), it approache      |
| Homes                               | Compilant |   |
| Homes                               |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and          | Compliant | 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - |
| Combustible Materials in a Type B   | Simpliant |   |
| Home                                |           |   |
| Home                                |           |   |

| Rule   | Status   | Documenting Statement(s), If applicable  |
|--|--|--|
| 5101:2-13-04 Heaters in a Type B   | Compliant  |  |
| Home   | ,  |  |
|  |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records   | Compliant  |  |
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|  |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster  | Compliant  |  |
| Parent   |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements   | Compliant  | Documenting Statement(s), if applicable  |
| 3101.2-13-08 Employee Requirements   | Compliant  |  |
|  |  |  |
|  | <u> </u>   | ,  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Whistle Blower  | Compliant  |  |
|  | 35.55300 <b>F</b> 33503.50                           |  |
|  |  |  |
|  | 3.5  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-09 Background Checks   | Compliant  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| Rule<br>5101:2-13-10 Health Training   | Status<br>Compliant                                  | Documenting Statement(s), If applicable  |
| 4,600,000  |  | Documenting Statement(s), If applicable  |
| 4,600,000  |  | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training   | Compliant  |  |
| 5101:2-13-10 Health Training  Rule   | Compliant  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| S101:2-13-10 Health Training  Rule  5101:2-13-10 Professional  | Compliant  |  |
| 5101:2-13-10 Health Training  Rule   | Compliant  |  |
| S101:2-13-10 Health Training  Rule  5101:2-13-10 Professional  | Compliant  |  |
| S101:2-13-10 Health Training  Rule  5101:2-13-10 Professional  | Compliant  | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-10 Health Training  Rule 5101:2-13-10 Professional Development  Rule                                | Status Compliant Status Status                       |  |
| Rule 5101:2-13-10 Health Training  Rule 5101:2-13-10 Professional Development                                      | Status Compliant                                     | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-10 Health Training  Rule 5101:2-13-10 Professional Development  Rule                                | Status Compliant Status Status                       | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-10 Health Training  Rule 5101:2-13-10 Professional Development  Rule                                | Status Compliant Status Status                       | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-10 Health Training  Rule 5101:2-13-10 Professional Development  Rule 5101:2-13-11 Outdoor Equipment | Status Compliant Status Status                       | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-10 Health Training  Rule 5101:2-13-10 Professional Development  Rule 5101:2-13-11 Outdoor Equipment | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-10 Health Training  Rule 5101:2-13-10 Professional Development  Rule 5101:2-13-11 Outdoor Equipment | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-10 Health Training  Rule 5101:2-13-10 Professional Development  Rule 5101:2-13-11 Outdoor Equipment | Status Compliant  Status Compliant  Status Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |



| Rule                                | Status   | Documenting Statement(s), If applicable |
|-------------------------------------|--|---|
| 5101:2-13-12 Safe Equipment         | Compliant  | 3 (" 11                                 |
|                                     | '  |   |
|                                     |  |   |
|                                     | _  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and  | Compliant  |   |
| equipment                           |  |   |
|                                     |  |   |
| 2.1                                 |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing            | Compliant  |   |
|                                     |  |   |
|                                     | ļ  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing          | Compliant  | Dodanishing Statement(S), it applicable |
|                                     | 231112113111   |   |
|                                     |  |   |
|                                     |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant  |   |
| and Routine Trips                   |  |   |
|                                     |  |   |
|                                     | Company of the Compan |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision  | Compliant  |   |
| for Field and Routine Trips         |  |   |
|                                     |  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements    | Compliant  | bocumenting statement(s), it applicable |
| J101.2 13 14 Driver Requirements    | Compliant  |   |
|                                     |  |   |
|                                     | •  |   |
| Rule                                | Status   | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections    | Compliant  |   |
|                                     |  |   |
|                                     |  |   |
|                                     |  |   |
| 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 Child Medical and      | Compliant  | bocumenting statement(s), if applicable |
| Enrollment Records                  | Compliant  |   |
| Lindiment Necords                   |  |   |
| <u> </u>                            | 1  | ļ                                       |
| Rule                                | Status   | Documenting Statement(s), If applicable |
|                                     |  | Q                                       |

| 5101:2-13-15 Health Conditions                           | Compliant           |  |
|--|---------------------|--|
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention and Confidentiality | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills                            | Compliant           | became reing statement (e), it applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases                       | Compliant           | o section of the sect |
|  |                     |  |
| Rule 5101:2-13-16 Incident/Injury                        | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 5101.2-13-10 includent/injury                            | Соттриати           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency<br>Preparedness and Response Plan | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance                                  | Compliant           | 3 (" 11  |
|  |                     |  |
| Rule 5101:2-13-19 Supervision                            | Status Compliant    | Documenting Statement(s), If applicable  |
| 3101.2-13-19 Supervision                                 | Соттриант           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision                      | Compliant           | Booking Statement(3), it applicable  |
|  |                     |  |
| 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<br>Requirements    | Compliant |   |
|---|-----------|---|
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen<br>Requirements | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight            | Compliant | Documenting Statement(S), if applicable |
| Care  |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                       | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling                    | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care                | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food           | Compliant | Documenting Statement(S), it applicable |
| Preparation                                   | Compilant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                        | Compliant |   |
| 200   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for Swimming   | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| naic  | Julius    | Documenting Statement(3), it applicable |

| 5101:2-13-25 Medication<br>Requirements | Compliant |   |
|---|-----------|---|
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities  | Compliant | Documenting Statement(S), II applicable |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios      | Compliant |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and          |           | Documenting Statement(s), if applicable |
| Procedures                              | Compliant |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff           | Compliant |   |
| Requirements                            |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space               | Compliant |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools              | Compliant | Documenting Statement(s), if applicable |
| 5101.2-13-24 OII-site 1 00is            | Compliant |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                       | Compliant | Booking Statement(o), it approaches     |
| 310112 13 12 1 0 0                      | Compilant |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites             | Compliant | , , , , , , , , , , , , , , , , , , ,   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and Equipment    | Compliant |   |