

# **Center 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 CHILD'S JOURNEY LEARNING CENTER | 2170012482           |                 | Child Care Center |
| Address                           |                      |                 | C                 |
| Address                           |                      |                 | County            |
| 846 S. YEARLING RD WHITEHALL      |                      |                 | FRANKLIN          |
| OH 43213                          |                      |                 |                   |
|                                   |                      |                 |                   |
|                                   |                      | Ī               |                   |
| Building Approval Date            | Use Group/Code       | Occupancy Limit | Maximum Under 2 ½ |
|                                   |                      |                 |                   |
| Fire Inspection Approval Date     | Food Service Risk Lo | evel            |                   |
| 02/03/2023                        |                      |                 |                   |

| Inspection Information                        |                                |                  |                   |              |
|---|--------------------------------|------------------|-------------------|--------------|
| Inspection Type                               | Inspection So                  | cope             | Inspection Notice |              |
| Annual  | Full                           |                  | Unannounced       |              |
| Inspection Date Begin Time 11:00 / 08/14/2023 |                                | 1:00 AM          | End Time 2:15 PM  |              |
| Reviewer:<br>STEPHANIE WALTERS                |                                |                  |                   |              |
| Summary of Findings                           |                                |                  |                   |              |
| No. Rules Verified                            | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58  | 6                              | 0                | 1                 | 5            |

| 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)                                  |                  | 5          | 0         | 5     |
| Young Toddler   |                  | 4          | 0         | 4     |
| Total Under 2 ½ Years                                     | 23               | 9          | 0         | 9     |
| Older Toddler   |                  | 3          | 0         | 3     |
| Preschool   |                  | 13         | 0         | 13    |
| School Age  |                  | 3          | 0         | 3     |
| Total Capacity/Enrollment                                 | 33               | 19         | 0         | 28    |

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

| Infants              | 0 to < 12 months         | 2 to 7 | At arrival |
|----------------------|--------------------------|--------|------------|
| Infants              | 0 to < 12 months         | 3 to 7 |            |
| Toddlers             | 30 months to < 36 months | 1 to 6 | At arrival |
| Toddlers             | 18 months to < 30 months | 1 to 6 |            |
| Preschool/School age | 4 years to < 5 years     | 1 to 8 | At arrival |
| Preschool/School age | 4 years to < 5 years     | 1 to 8 |            |

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

**Domain: 08 Staff Files** 

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have all staff request background checks as required and receive a JFS 01176 or preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

<u>Finding</u>: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number(s) 2 below:

- 1. The request for a background check for child care was not submitted in the OPR.
- 2. The fingerprints were not submitted electronically according to the process established by BCI.
- 3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
- 4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/13/2023

### **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

Code: The program administrator is required to maintain current employee records in the Ohio Professional

Registry.

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 6, 7 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other:[]

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

Corrective Action Plan Due: 09/13/2023

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 1 below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 6. Tuberculosis (TB) screening/test information was missing:
- a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
- b. Results of a TB test for employees meeting both criteria in 6a.
- c. Results of additional testing for employees with a positive TB test.
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/13/2023

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

Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection

<u>Code</u>: 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.

<u>Finding</u>: In review of the staff records, it was determined that 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. Documentation of completing the training after December 31, 2016 was not on file.
- 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: 09/13/2023

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

Rule: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [ ].

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

Corrective Action Plan Due: 09/13/2023

#### Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% 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) 2 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 [ ]

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

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

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-02 License Posted | Compliant |   |
|                             |           |   |

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-12-02 Current Information | Compliant |   |
|                                  |           |   |



| Rule                                      | Status      | Documenting Statement(s), If applicable     |
|---|-------------|---|
| 5101:2-12-03 Inspection                   | Compliant   |   |
| Requirements                              |             |   |
|   | •           |   |
| Rule                                      | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-04 Building Department          | Compliant   |   |
| Inspection                                |             |   |
|   |             |   |
| Rule                                      | Status      | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-04 Fire Inspection        | Compliant   | Documenting Statement: Although the         |
|   |             | program had documentation of a current      |
|   |             | fire inspection without any uncorrected     |
|   |             | violations at the time of the licensing     |
|   |             | inspection, the program did not have the    |
|   |             | fire inspection completed within 12         |
|   |             | months from the date of the last fire       |
|   |             | inspection without any uncorrected          |
|   |             | violations. Please ensure that fire         |
|   |             | inspections are completed in accordance     |
|   |             | with the rule requirements.                 |
|   | 1           |   |
| Rule                                      | Status      | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-04 Food Service           | Compliant   | Documenting Statement: The food service     |
| Requirements                              |             | license was observed posted. Following is   |
| ·   |             | the audit number and date of expiration:    |
|   |             | BFRY-CP5J28 3/1/24.                         |
|   |             |   |
| Rule: 5101:2-12-04 Food Service           | Compliant   | Documenting Statement: The off-site         |
| Requirements                              |             | food processing establishment's current     |
|   |             | Ohio Department of Agriculture              |
|   |             | registration information was observed       |
|   |             | during the inspection.                      |
|   |             |   |
| Pula                                      | Ctatus      | Decumenting Statement/s) If socilisable     |
| Rule 5101:2 12 07 Administrator           | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Administrator Qualifications | Compliant   |   |
| Qualifications                            | 1           |   |
| Rule                                      | Status      | Documenting Statement(s), If applicable     |
| 5101:2-12-07 Written Program              | Compliant   | botamenting statement(s), it applicable     |
| Policies and Procedures                   | Compilation |   |
| 1 onoics and i roccaures                  | 1           |   |
| Rule                                      | Status      | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-10 Health Training        | Compliant   | Documenting Statement: The program          |
| Requirements                              |             | had at least one Child Care Staff Member    |
|   |             | with currently valid training in First Aid, |
|   |             | Management of Communicable Disease,         |
|   | L           | management of communicable bisease,         |

|                                      |           | CPR, and Child Abuse Prevention present and readily accessible during all hours of operation. |
|--------------------------------------|-----------|---|
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space            | Compliant | Documenting Statement(s), if applicable   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Separation of Children  | Compliant |   |
| Under 2 1/2 Years                    |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Space     | Compliant | Documenting Statement: The quarterly  |
| Requirements                         | Compilant | playground inspections were completed   |
|                                      |           | and documented, as required. The most   |
|                                      |           | recent inspection report form was dated   |
|                                      |           | 7/10/23.  |
|                                      |           |   |
| Rule                                 | Status    | Decumenting Statement(s) If applicable  |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant | Documenting Statement(s), If applicable   |
| 5101.2 12 11 Outdoor Hay Equipment   | Compilant |   |
|                                      |           | ·   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective   |
| Zones                                |           | surfaces under the outdoor equipment  |
|                                      |           | were not viewed during this inspection due to rain; however, the requirements                 |
|                                      |           | were discussed.   |
|                                      |           | were discussed.   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-12 Safe Equipment    | Compliant | Documenting Statement: Equipment was  |
|                                      |           | observed to be in good condition.   |
|                                      | l         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-12 Safe Environment  | Compliant | Documenting Statement: A safe   |
|                                      |           | environment was observed during the   |
|                                      |           | inspection. Children were protected from  |
|                                      |           | items and conditions which threaten their   |
|                                      |           | health, safety and well-being.  |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Sanitary Equipment and  | Compliant |   |
| Environment                          |           |   |

| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| 5101:2-12-13 Handwashing              | Compliant | U 17 11                                   |
| Requirements                          | ·         |   |
|                                       | I         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-13 Smoke Free               | Compliant | (-),                                      |
| Environment                           |           |   |
| Environment                           |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The program        |
| Field Trip Procedures                 | Compliant | uses the ODJFS sample trip permission     |
| Field Trip Frocedures                 |           | form for routine trips to secure written  |
|                                       |           | ·   |
|                                       |           | permission from parents or guardians.     |
|                                       |           |   |
| Dula                                  | Chahua    | Decomposition (text                       |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-14 Transportation -   | Compliant | Documenting Statement: The driver(s)      |
| Driver Requirements                   |           | had completed the required ODJFS driver   |
|                                       |           | training.                                 |
|                                       |           |   |
| D 1                                   | C         | D C                                       |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-14 Transportation -   | Compliant | Documenting Statement: An annual          |
| Vehicle Requirements                  |           | safety check of the vehicle(s), using the |
|                                       |           | JFS 01230 "Vehicle Inspection Report For  |
|                                       |           | Child Care Centers" form, was verified    |
|                                       |           | and dated Honda Odessy 2/3/23.            |
|                                       | 0 11 .    |   |
| Rule: 5101:2-12-14 Transportation -   | Compliant | Documenting Statement: During the         |
| Vehicle Requirements                  |           | inspection, weekly safety inspections     |
|                                       |           | and/or monthly emergency exiting drills   |
|                                       |           | were completed and documented, as         |
|                                       |           | required using the ODJFS sample form.     |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-15 Medical/Physical Care    | Compliant |   |
| Plans                                 |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Medical, Dental, and     | Compliant |   |
| General Emergency Plan                |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills   | Compliant | Documenting Statement: Documentation      |
|                                       |           | for completed fire, weather, and          |
|                                       |           |   |

| П                                     |           | emergency/lockdown drills was verified                                     |
|---------------------------------------|-----------|--|
|                                       |           |  |
|                                       |           | during this inspection.  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s) If applicable                                     |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement(s), If applicable  Documenting Statement: During the |
|                                       | Compilant |  |
| Precautions                           |           | inspection, the program had complete                                       |
|                                       |           | first aid kits available as required.                                      |
|                                       |           |  |
| D. J.                                 | Chahara   | Decomposition Chateron and/a\ If a collisable                              |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-16 Management of            | Compliant |  |
| Communicable Disease                  |           |  |
| Dula                                  | Chahua    | Decumenting Chatemant (1) If anyther t                                     |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-16 Incident/Injury          | Compliant |  |
| Reporting                             |           |  |
|                                       | T a       |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-16 Written Disaster   | Compliant | Documenting Statement: Annual training                                     |
| Plan                                  |           | of the written disaster plan was   |
|                                       |           | completed by staff.  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-17 Daily Schedule           | Compliant |  |
|                                       |           |  |
|                                       |           | 2  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-17 Materials and            | Compliant |  |
| Equipment                             |           |  |
|                                       | T         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-17 Daily Outdoor Play       | Compliant |  |
|                                       |           |  |
| Pulo                                  | Ctatus    | Documenting Statement/s) If applicable                                     |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-18 License Capacity         | Compliant |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-18 Ratio                    | Compliant | bocumenting statement(3), it applicable                                    |
|                                       | Compilant |  |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-18 Group Size               | Compliant | bounding statement(3), it applicable                                       |
| 3101.2 12 10 Group 312C               | Compliant |  |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                    |
| 1,4,5                                 | 5.000     | bookinenting otatement(o), it applicable                                   |

| 5101:2-12-18 Attendance Records          | Compliant           |  |
|--|---------------------|--|
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision                 | Compliant           |  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance              | Compliant           |  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping            | Compliant           |  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cribs                       | Compliant           | 5 (7, 11   |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-21 Evening and Overnight       | Compliant           | general genera |
| Care                                     |                     |  |
| Dula                                     | Chahua              | Decrease which a Chaham control of a continuous  |
| Rule: 5101:2-12-22 Meal and Snack        | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: The menu was   |
| Requirements                             | Compilation         | posted on the Parent Board.  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements     | Compliant           | bodanienting statement(s), ii applicable   |
| ·  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food                   | Compliant           | bocumenting statement(s), if applicable  |
| Handling/Storage                         |                     |  |
| Duly                                     | Ct-t                |  |
| Rule 5101:2-12-23 Infant Daily Care      | Status<br>Compliant | Documenting Statement(s), If applicable  |
| S101.2 12 23 mant bany care              | Compilant           |  |
|  |                     |  |
| Rule 5101:2-12-23 Infant Bottle and Food | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Preparation                              | Compilant           |  |
|  |                     |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Diapering and Toilet        | Compliant           |  |
| Training                                 | 1                   |  |
| Rule                                     | Status              | Documenting Statement(s), If applicable  |



| 5101:2-12-24 Swimming and Water Safety Requirements | Compliant |  |
|---|-----------|--|
|   |           | •  |
| Rule  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-25 Medication                             | Compliant |  |
| Administration                                      |           |  |
|   | <u> </u>  | ·  |
| Rule  | Status    | Documenting Statement(s), If applicable    |
| Rule: 5101:2-12-08 Child Care Staff                 | Compliant | Documenting Statement: During the          |
| Member Educational Requirements                     |           | inspection, it was determined at least one |
|   |           | educational document needs to be           |
|   |           | translated. Please ensure the document     |
|   |           | is translated in the English language and  |
|   |           | kept on file for review at the next        |
|   |           | inspection.                                |
|   |           | P  |