

## **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 Deta            | ils             |                   |
|----------------------------------|-------------------------|-----------------|-------------------|
| Program Name                     | Program Number          |                 | Program Type      |
| SHILOH PRESCHOOL LEARNING CENTER | 000000200745            |                 | Child Care Center |
|                                  |                         |                 |                   |
| Address                          |                         |                 | County            |
| 580 ANDERSON FERRY RD CINCINNATI |                         |                 | HAMILTON          |
| OH 45238                         |                         |                 |                   |
|                                  |                         |                 |                   |
| Building Approval Date           | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
|                                  | E                       | , ,             |                   |
| Fire Inspection Approval Date    | Food Service Risk Level |                 |                   |
| 03/07/2023                       | Level II                |                 |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 10/03/2023 | Begin Time 9                   | :15 AM           | End Time 11:30 AM |              |
| Reviewer:                  |                                |                  |                   |              |
| Beverly McGlasson          |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 2                              | 0                | 0                 | 2            |

| License Capacity and Enrollment at the Time of Inspection |                  |           |           |         |
|---|------------------|-----------|-----------|---------|
| Age Group   | License Capacity |           | Enr       | ollment |
|   | Totals           | Full Time | Part Time | Total   |
| Infant (Birth to < 18 m)                                  |                  | 0         | 0         | 0       |
| Young Toddler   |                  | 0         | 0         | 0       |
| Total Under 2 ½ Years                                     | 0                | 0         | 0         | 0       |
| Older Toddler   |                  | 0         | 5         | 5       |
| Preschool   |                  | 0         | 54        | 54      |
| School Age  |                  | 0         | 0         | 0       |
| Total Capacity/Enrollment                                 | 69               | 0         | 59        | 59      |

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

| Preschool-Rm.107-T-R AM | 30 months to < 36 months | 1 to 5  |                   |
|-------------------------|--------------------------|---------|-------------------|
| Preschool-Rm.107-T-R AM | 30 months to < 36 months | 3 to 14 | This ratio was    |
|                         |                          |         | taken in the      |
|                         |                          |         | Upper Gathering   |
|                         |                          |         | Room and          |
|                         |                          |         | includes children |
|                         |                          |         | from the Room     |
|                         |                          |         | 107 and 113.      |
| Preschool-Rm.113-T-R AM | 3 years to < 4 years     | 1 to 10 |                   |

## **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: 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 6 a-d 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: 11/02/2023

**Domain: 10 Written Policies & Procedures** 

Rule: 5101:2-12-16 Written Disaster Plan

Code: The program is required to have a written disaster plan.

<u>Finding</u>: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in number 11 below:

## Procedures:

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

Make the necessary revisions to the disaster plan. Submit the program's corrective action plan, which includes the revised information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/02/2023

| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
|-------------------------------------|-----------|--|
| Rule: 5101:2-12-02 License Posted   | Compliant | Documenting Statement: The license was in a location visible to parents as |
|                                     |           | required.  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-02 Current Information    | Compliant | bootimenting statement(s), it applicable                                   |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-03 Inspection             | Compliant |  |
| Requirements                        |           |  |
| Rule                                | Status    | Decumenting Statement/s) If applicable                                     |
| Rule: 5101:2-12-04 Building         | Compliant | Documenting Statement(s), If applicable  Documenting Statement: During the |
| Department Inspection               | Compilant | inspection, the requirements of the rule                                   |
| Department inspection               |           | regarding building approval were   |
|                                     |           | discussed.   |
|                                     |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-04 Fire Inspection        | Compliant |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-04 Food Service           | Compliant |  |
| Requirements                        |           |  |
| Rule                                | Status    | Decumenting Statement/s) If applicable                                     |
| 5101:2-12-07 Administrator          | Compliant | Documenting Statement(s), If applicable                                    |
| Qualifications                      | Compliant |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-07 Administrator          | Compliant |  |
| Responsibilities/Requirements       |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
| Rule: 5101:2-12-07 Written Program  | Compliant | Documenting Statement: The written   |
| Policies and Procedures             | Compilant | policies and procedures reviewed on the                                    |
|                                     |           | day of the inspection were verified as                                     |
|                                     |           | complete.  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable                                    |
| 5101:2-12-08 Orientation Training & | Compliant |  |
| Whistle Blower Protection           |           |  |
|                                     |           |  |

| Dula                                 | Chahua      | Dogumenting Statement/s\ If anniaghla    |
|--------------------------------------|-------------|--|
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-09 Background Check  | Compliant   | Documenting Statement: During the        |
| Requirements                         |             | inspection, the required documentation   |
|                                      |             | regarding background checks was on file  |
|                                      |             | for all employees listed.                |
|                                      |             |  |
| Rule: 5101:2-12-09 Background Check  | Compliant   | Documenting Statement: During the        |
| Requirements                         |             | inspection, the requirements of the rule |
|                                      |             | regarding background checks were         |
|                                      |             | discussed.                               |
|                                      |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Health Training         | Compliant   |  |
| Requirements                         |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-10 Professional      | Compliant   | Documenting Statement: At the time of    |
| Development Requirements             |             | the inspection, all child care staff     |
| ·                                    |             | members had completed the required       |
|                                      |             | amount of professional development       |
|                                      |             | training.                                |
|                                      |             | c. c                                     |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space            | Compliant   | 3 (7, 11                                 |
| Requirements                         |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children  | Compliant   | Decamenting ottatement(o), it approaches |
| Under 2 1/2 Years                    | Compilation |  |
| onder 2 1/2 redis                    |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Space     | Compliant   | Documenting Statement: The quarterly     |
| Requirements                         | Compliant   | playground inspections were completed    |
| Nequilements                         |             | and documented, as required. The most    |
|                                      |             | ·  |
|                                      |             | recent inspection report form was dated  |
|                                      |             | 08/28/2023.                              |
|                                      |             |  |
| Dulo                                 | Ctatus      | Decumenting Statement of the mulicipal   |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Play      | Compliant   | Documenting Statement: During the        |
| Equipment                            |             | inspection, the requirements of the rule |
|                                      |             | regarding outdoor play equipment were    |
|                                      |             | discussed.                               |
|                                      |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant   |  |

| Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  5101:2-12-12 Safe Environment Compliant  Rule Status Documenting Statement(s), If applicable  5101:2-12-13 Sanitary Equipment and Environment Compliant   |                     |
|---|---------------------|
| Rule Status Documenting Statement(s), If applicable  5101:2-12-12 Safe Environment  Compliant  Rule Status Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Compliant   |                     |
| Rule Status Documenting Statement(s), If applicable  5101:2-12-12 Safe Environment  Compliant  Rule Status Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Compliant   |                     |
| Rule Status Documenting Statement(s), If applicable  5101:2-12-12 Safe Environment  Compliant  Rule Status Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Compliant   |                     |
| Rule Status Documenting Statement(s), If applicable  5101:2-12-12 Safe Environment Compliant  Rule Status Documenting Statement(s), If applicable  5101:2-12-13 Sanitary Equipment and Compliant  |                     |
| Status Documenting Statement(s), If applicable 5101:2-12-13 Sanitary Equipment and Compliant  |                     |
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| 5101:2-12-13 Sanitary Equipment and Compliant   |                     |
| 5101:2-12-13 Sanitary Equipment and Compliant   |                     |
| 5101:2-12-13 Sanitary Equipment and Compliant   |                     |
|   |                     |
| Environment   |                     |
|   |                     |
|   |                     |
| Rule Status Documenting Statement(s), If applicable   |                     |
| 5101:2-12-13 Handwashing Compliant  |                     |
| Requirements  |                     |
| negan enterte   |                     |
| Dulo Chabus Decomposition Chabassantial Life and Back Inc.  |                     |
| Rule Status Documenting Statement(s), If applicable   |                     |
| Rule: 5101:2-12-13 Smoke Free Compliant Documenting Statement: No smoking w   |                     |
| Environment allowed on the premises, and the notice   | :e                  |
| stating that smoking is prohibited was  |                     |
| observed posted in a conspicuous place.   | e.                  |
|   |                     |
|   |                     |
| Rule Status Documenting Statement(s), If applicable   |                     |
| Rule: 5101:2-12-15 Child Medical and Compliant Documenting Statement: At the time of  | of                  |
| Enrollment Records the inspection, 25% of the children's  |                     |
|   |                     |
| records were reviewed, and the records  |                     |
| records were reviewed, and the records  | ds                  |
| records were reviewed, and the records were complete, as required by the rule.  | ds                  |
|   | ds                  |
| were complete, as required by the rule.   | ds                  |
| Rule Status Documenting Statement(s), If applicable   | ds<br>e.            |
| Rule Status Documenting Statement(s), If applicable Rule: 5101:2-12-15 Medical/Physical Compliant Documenting Statement: The program  | ds<br>e.            |
| Rule Status Documenting Statement(s), If applicable   | ds<br>e.            |
| Rule Status Documenting Statement(s), If applicable Rule: 5101:2-12-15 Medical/Physical Compliant Documenting Statement: The program  | ds<br>e.            |
| Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  were complete, as required by the rule.  Documenting Statement(s), If applicable Documenting Statement: The program had current information on the medical   | ds<br>e.            |
| Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule  Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule: 5101:2-12-15 Medical/Physical Care Plans | ds<br>e.            |
| Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule  Rule: 5101:2-12-15 Medical/Physical Care Plans  Rule: 5101:2-12-15 Medical/Physical Care Plans | ds<br>e.            |
| Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Status Documenting Statement(s), If applicable Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.   | ds<br>e.            |
| Rule Rule: 5101:2-12-15 Medical/Physical Care Plans  Status Documenting Statement(s), If applicable Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Rule Status Documenting Statement(s), If applicable  | ds<br>e.<br>al<br>n |
| Rule Status Documenting Statement(s), If applicable Rule: 5101:2-12-15 Medical/Physical Compliant Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Rule Status Documenting Statement(s), If applicable Rule: 5101:2-12-16 Medical, Dental, Compliant Documenting Statement: On the day of   | ds<br>e.            |
| Rule Status Documenting Statement(s), If applicable Rule: 5101:2-12-15 Medical/Physical Care Plans Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Rule Status Documenting Statement(s), If applicable required treatment plan for the children with health conditions.  Rule Status Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed  | ds<br>e.            |
| Rule: 5101:2-12-15 Medical/Physical Compliant Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Were complete, as required by the rule.  Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Documenting Statement(s), If applicable Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan"   | ds<br>e.            |
| Rule: 5101:2-12-15 Medical/Physical Compliant Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan  Rule Rule: 5101:2-12-16 Medical, Dental, and Genera Emergency Plan For Child Care" were   | ds<br>e.            |
| Rule: 5101:2-12-15 Medical/Physical Compliant Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Wedical, Dental, and General JFS 01242 "Medical, Dental, and General Formation on the medical status and the required treatment plan for the children with health conditions.  | ds<br>e.            |
| Rule: 5101:2-12-15 Medical/Physical Compliant Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan  Rule Rule: 5101:2-12-16 Medical, Dental, and Genera Emergency Plan For Child Care" were   | ds<br>e.            |
| Rule: 5101:2-12-15 Medical/Physical Compliant Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions.  Rule Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan  Rule Rule: 5101:2-12-16 Medical, Dental, and Genera Emergency Plan For Child Care" were   | ds<br>e.            |

| Rule: 5101:2-12-16 Emergency Drills         | Compliant | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. |
|---|-----------|--|
| D. J.                                       | Chahara   | Decree with a Chataman Mal If and limber   |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard Precautions | Compliant |  |
| Precautions                                 |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Management of                  | Compliant | boodinenting statement(s), it approases  |
| Communicable Disease                        |           |  |
| 0   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury                | Compliant |  |
| Reporting                                   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-17 Daily Schedule           | Compliant | Documenting Statement: Daily schedules   |
|   |           | were observed posted.  |
|   |           |  |
| Dula  | Ctatus    | Decumenting Chatamant/a\ If a militable  |
| Rule: 5101:2-12-17 Materials and            | Status    | Documenting Statement(s), If applicable  Documenting Statement: Sufficient   |
| Equipment                                   | Compliant | equipment was observed in all categories.  |
| Lydipinent                                  |           | equipment was observed in an categories.   |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Outdoor Play             | Compliant |  |
|   |           |  |
|   | Ta        |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity               | Compliant |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Ratio                    | Compliant | Documenting Statement: Staff/child   |
|   |           | ratios observed during the inspection  |
|   |           | were in compliance.  |
|   |           |  |
|   | T -       | -  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size                     | Compliant |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Attendance               | Compliant | Documenting Statement: During the  |
| Records                                     |           | inspection, attendance records were  |
|   |           |  |

|                                      |           | reviewed. Child Care Staff Members were  |
|--------------------------------------|-----------|--|
|                                      |           | viewed recording the attendance for each child upon arrival and departure. All |
|                                      |           | attendance records met the requirements  |
|                                      |           | of the rule and were kept with the group                                       |
|                                      |           | at all times.  |
|                                      |           |  |
|                                      |           |  |
| 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 | bocumenting statement(3), if applicable  |
| 5101.2 12 15 child Galdanee          | Compilant |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Meal and Snack          | Compliant |  |
| Requirements                         |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food               | Compliant |  |
| Handling/Storage                     |           |  |
|                                      | T a       |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-23 Diapering and Toilet    | Compliant |  |
| Training                             |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-25 Medication              | Compliant | bocumenting statement(s), it applicable  |
| Administration                       | Compliant |  |
| , ammodation                         |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-08 Child Care Staff Member | Compliant | 3 3 3 3 3 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7  |
| Educational Requirements             | <u>'</u>  |  |
|                                      | <u> </u>  |  |
|                                      |           |  |