

# **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 Det             | ails            |                   |
|---|-------------------------|-----------------|-------------------|
| Program Name  | Program Number          |                 | Program Type      |
| SILVER LAKE YMCA BASE                               | 00000100316             |                 | Child Care Center |
| Address<br>2970 OVERLOOK RD SILVER LAKE<br>OH 44221 |                         |                 | County<br>SUMMIT  |
|   |                         |                 |                   |
| Building Approval Date                              | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
|   | School Building         |                 |                   |
| Fire Inspection Approval Date                       | Food Service Risk Level |                 |                   |
|   | Exempt                  |                 |                   |

| Inspection Information        |                                |                  |                                  |              |  |
|-------------------------------|--------------------------------|------------------|----------------------------------|--------------|--|
| Inspection Type<br>Annual     | Inspection So<br>Full          | cope             | Inspection Notice<br>Unannounced |              |  |
| Inspection Date<br>08/30/2021 | Begin Time 3                   | 8:20 PM          | End Time 5:50 PM                 |              |  |
| Reviewer:<br>BETH RAGLE       |                                |                  |                                  |              |  |
| Summary of Findings           |                                |                  |                                  |              |  |
| No. Rules Verified            | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk                | No. Low Risk |  |
| 57                            | 6                              | 0                | 1                                | 5            |  |

| Li                        | License Capacity and Enrollment at the Time of Inspection |           |            |       |  |
|---------------------------|---|-----------|------------|-------|--|
| Age Group                 | License Capacity  |           | Enrollment |       |  |
|                           | Totals  | Full Time | Part Time  | Total |  |
| Infant ( Birth to < 18 m) |   | 0         | 0          | 0     |  |
| Young Toddler             |   | 0         | 0          | 0     |  |
| Total Under 2 ½ Years     | 0   | 0         | 0          | 0     |  |
| Older Toddler             |   | 0         | 0          | 0     |  |
| Preschool                 |   | 0         | 0          | 0     |  |
| School Age                |   | 0         | 11         | 11    |  |
| Total Capacity/Enrollment | 36  | 0         | 11         | 11    |  |

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



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| School Age | School-Age to < 11 years | 1 to 8 | Table toys and |
|------------|--------------------------|--------|----------------|
|            |                          |        | homework       |
| School Age | School-Age to < 11 years | 1 to 8 | Snack          |
| School Age | School-Age to < 11 years | 1 to 8 | Outdoor play   |

**Summary of Non-Compliances** 

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

## **Serious Risk Non-Compliances**

No Serious Risk Non-Compliances were observed during this inspection

## **Moderate Risk Non-Compliances**

#### Domain: 01 Ratio & Supervision

<u>Rule</u>: 5101:2-12-18 Ratio

<u>Code</u>: The program is required to have a second employee present, and used based on the qualifications they meet, when seven or more children are present.

<u>Finding</u>: During the inspection, it was determined that the program did not meet the rule requirement as noted in number 1 below:

1. The program did not have a second employee or Child Care Staff Member present when required;

2. The program was using a second Child Care Staff Member who was not able to meet this criteria as defined in the rule.

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

Corrective Action Plan Due: 09/29/2021



## Low Risk Non-Compliances

## Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Play Equipment

<u>Code</u>: The program is required to provide equipment that does not pose a safety risk.

<u>Finding</u>: During the inspection, it was determined that outdoor play equipment was unsafe as noted in number 1 below:

- 1. There was rust exposed;
- 2. There was protruding bolts;
- There were cracks;
- 4. There were holes;
- 5. There was splintering wood;
- 6. There were sharp edges or points;
- 7. There were lead hazards;
- 8. There were toxic substances;
- 9. There were tripping hazards;
- 10. There was chipped and/or peeling paint;
- 11. Other..

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

Corrective Action Plan Due: 09/29/2021

#### Domain: 05 Health & Safety

Rule: 5101:2-12-16 First Aid/Standard Precautions

<u>Code</u>: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined the program was missing required items listed in appendix A of this rule, that are to be contained in a first aid kit, as noted in number(s) 6, 11, 14, 15 below:

1. The program did not have a first aid kit.

2. One roll of hypoallergenic first-aid tape.

3. Individually wrapped sterile gauze squares in assorted sizes.

4. Sterile adhesive bandages in assorted sizes.



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5. Tweezers.

6. Gauze rolled bandage.

7. Triangular bandage.

8. Rounded end scissors.

9. 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).

10. A working digital thermometer.

11. Disposable non-latex gloves.

12. A working flashlight.

13. 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.

14. 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.

15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.

16. Soap or waterless sanitizer (field trip or transporting away from the program only).

17. Bottled water (field trip or transporting away from the program only).

18. The program did not have a system to replace items as they were used, expired, damaged or sterile packages were opened.

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.

#### Domain: 08 Staff Files

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

<u>Code</u>: The program staff is required to obtain at least 6 hours of professional development annually.

<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 1 below:

1. The child care staff member(s) had not completed at least 6 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. Other.

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

Corrective Action Plan Due: 09/29/2021



## Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-07 Administrator Responsibilities/Requirements <u>Code</u>: The program administrator is required to complete the rules course reivew within the defined time period.

<u>Finding</u>: During the inspection, it was determined that the administrator had not completed the required rules review course provided by this Department for program administrators within the time period defined in this rule. 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.

## Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to maintain a staff schedule with coverage of the required health trainings.

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in number(s) 2, 6, 11, 18 below:

1. First Aid – child care staff members scheduled during the hours of [] and [] had expired training 2. First Aid – child care staff members scheduled during the hours of 6:30-9:00 AM had not taken First Aid training

3. First Aid – trained child care staff member was not present in each building used by the program.

4. First Aid – child care staff member scheduled during the hours of [] and [] did not have verification of completion of First Aid

- 5. CPR child care staff members scheduled during the hours of [] and [] had expired training
- 6. CPR child care staff scheduled during the hours of 6:30-9:00 AM had not taken CPR training
- 7. CPR trained child care staff member was not present in each building used by children

8. CPR – child care staff member scheduled during the hours of [] and [] did not have verification of completion of CPR

9. CPR – training taken by staff did not include all age groups the program serves

10. Communicable Disease – child care staff members scheduled during the hours of [] and [] had expired training

11. Communicable Disease – child care staff scheduled during the hours of 6:30-9:00 AM had not taken Communicable Disease training

12. Communicable Disease – trained child care staff member was not present in each building used by the program



13. Communicable Disease – child care staff member scheduled during the hours of [] and [] did not have verification of completion of the full Communicable Disease training

14. Child Abuse – child care staff members scheduled during the hours of [] and [] had expired training

15. Child Abuse – trained child care staff was not in each building used by the program

16. Child Abuse – child care staff scheduled during the hours of [] and [] had not taken Child Abuse training

17. Child Abuse – child care staff member scheduled during the hours of [] and [] did not have verification of completion of the full six-hour Child Abuse training

18. Child Abuse – child care staff considered to be providing coverage had only the ODJFS prescribed Child Abuse training, which does not meet this rule compliance

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/29/2021

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

| Rule<br>Rule: 5101:2-12-22 Meal and Snack<br>Requirements | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: Posted menus<br>were current and dated.  |
|---|---------------------|--|
| Rule: 5101:2-12-22 Meal and Snack Requirements            | Compliant           | Documenting Statement: Snacks served at<br>the program included foods from two of<br>the four food groups and provided<br>nutritional value in addition to calories. |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Children were    |
| Requirements                   |           | viewed washing their hands, as required |
|                                |           | by the rule.                            |

| Rule                             | Status    | Documenting Statement(s), If applicable     |
|----------------------------------|-----------|---|
| Rule: 5101:2-12-04 Fire Approval | Compliant | Documenting Statement: This program         |
|                                  |           | serves only school age children in a public |
|                                  |           | or chartered non-public school building.    |



| Rule   | Status              | Documenting Statement(s), If applicable   |
|--|---------------------|---|
| Rule: 5101:2-12-16 Management of<br>Communicable Disease | Compliant           | Documenting Statement: The JFS 08087<br>"Communicable Disease Chart" was<br>posted and was readily available to staff<br>and parents. |
| Dulo   | Status              | Decumenting Statement(s) If applicable  |
| Rule<br>Rule: 5101:2-12-13 Smoke Free                    | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: A notice was  |
| Environment  | Compliant           | observed posted stating that smoking is prohibited at the program.  |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator<br>Qualifications             | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-08 Child Care Staff                      | Compliant           | Documenting Statement(3), if applicable   |
| Member Educational Requirements                          | compliant           | Staff Members had verification of   |
| ······································                   |                     | educational requirements on file at the   |
|  |                     | program.  |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-16 Written Disaster Plan                       | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Food License                                | Compliant           |   |
| Dula   | Chatura             |   |
| Rule<br>Rule: 5101:2-12-13 Sanitary                      | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: During the  |
| Equipment and Environment                                | Compliant           | inspection, the equipment was observed  |
|  |                     | clean and in good repair.   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-19 Child Guidance                        | Compliant           | Documenting Statement(s), if applicable<br>Documenting Statement: Appropriate   |
|  | Compliant           | child guidance techniques and practices   |
|  |                     | were observed being used during the   |
|  |                     | inspection.   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |



| Beginning!                             |           | 1   |
|--|-----------|---|
| Rule: 5101:2-12-11 Outdoor Play Fall   | Compliant | Documenting Statement: The protective           |
| Zones                                  |           | material used under outdoor equipment           |
|  |           | was poured rubber surfacing.                    |
|  |           |   |
|  |           | -   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| Rule: 5101:2-12-18 License Capacity    | Compliant | Documenting Statement: The program              |
| ······································ |           | was operating within their license              |
|  |           | capacity limits.                                |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-12-22 Safe Food                 | Compliant |   |
| Handling/Storage                       | Compliant |   |
| Thanking/Storage                       |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-12-07 Written Program           | Compliant |   |
| Policies and Procedures                |           |   |
|  | L         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-12-11 Indoor Space              | Compliant |   |
| -                                      | Compliant |   |
| Requirements                           |           |   |
|  | L         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-12-16 Emergency Drills          | Compliant |   |
|  |           |   |
| Dula                                   | Chathan   | Descriptions (the term out (a)) if any list his |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| Rule: 5101:2-12-17 Materials and       | Compliant | Documenting Statement: Sufficient               |
| Equipment                              |           | equipment was observed in 5 school age          |
|  |           | categories.                                     |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| Rule: 5101:2-12-17 Daily Outdoor Play  | Compliant | Documenting Statement: Outdoor play             |
|  |           | was observed for the school age group(s).       |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| Rule: 5101:2-12-04 Building Approval   | Compliant | Documenting Statement: This program             |
|  |           | serves only school age children in a public     |
|  |           | or chartered non-public school building.        |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |
| Rule: 5101:2-12-02 License Posted      | Compliant | Documenting Statement: The license was          |
|  |           | posted in a visible location as required.       |
|  |           |   |
|  | 1         |   |
|  | - · ·     |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable         |



| 5101:2-12-11 Outdoor Space             | Compliant |  |
|--|-----------|--|
| Requirements                           |           |  |
| Pulo                                   | Status    | Documenting Statement(c) If applicable   |
| Rule<br>Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: Child Care Staff |
| Rule. 5101.2-12-19 Supervision         | Compliant | Members were supervising the children  |
|  |           | and were able to intervene as needed.  |
|  |           | and were able to intervene as needed.  |
|  | 1         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-02 Current             | Compliant | Documenting Statement: The program   |
| Information                            |           | had current information entered in the   |
|  |           | Ohio Child Licensing and Quality System  |
|  |           | (OCLQS).   |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-17 Daily Schedule      | Compliant | Documenting Statement: Daily schedules   |
|  |           | were observed posted.  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 Child Medical and   | Compliant | Documenting Statement: At the time of  |
| Enrollment Records                     |           | the inspection, 25% of the children's  |
|  |           | records were reviewed, and the records   |
|  |           | were complete, as required by the rule.  |
|  |           |  |
| 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.  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-15 Medical/Physical    | Compliant | Documenting Statement: At the time of  |
| Care Plans                             |           | the inspection, there were no children   |
|  |           | currently enrolled who had health  |
|  |           | conditions.  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-08 Orientation and     | Compliant | Documenting Statement: On the day of   |
| Staff Records                          |           | the inspection, all employee files were  |
|  |           | complete and up to date.   |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-12 Safe Environment    | Compliant | Documenting Statement(s), if applicable  |
|  |           | temperature of the program during the  |
|  |           |  |



|  | inspection was comfortable and met rule compliance. |
|--|---|
|  |   |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: The JFS 01299    |
| Reporting                          |           | "Incident/Injury Report For Child Care" |
|                                    |           | forms reviewed during this inspection   |
|                                    |           | were complete as required.              |
|                                    |           | were complete as required.              |

| Status | Documenting Statement(s), If applicable |
|--------|---|
|        | Documenting Statement: On the day of    |
|        | the inspection, the complete prescribed |
|        | JFS 01242 "Medical, Dental, and General |
|        | Emergency Plan For Child Care" were     |
|        | posted in the program as required.      |
|        | Status<br>Compliant                     |

| Rule                          | Status    | Documenting Statement(s), If applicable |
|-------------------------------|-----------|---|
| Rule: 5101:2-12-18 Attendance | Compliant | Documenting Statement: Child Care Staff |
| Records                       |           | Members were observed recording the     |
|                               |           | attendance for each child upon arrival  |
|                               |           | and documenting each child's departure. |
|                               |           |   |

| Rule                          | Status    | Documenting Statement(s), If applicable  |
|-------------------------------|-----------|--|
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes<br>observed on the day of the inspection<br>were in compliance. |

| Rule                                | Status    | Documenting Statement(s), If applicable   |
|-------------------------------------|-----------|---|
| Rule: 5101:2-12-25 Medication       | Compliant | Documenting Statement: There were no      |
| Administration and Food Supplements |           | children on medication at the time of the |
|                                     |           | inspection.                               |
|                                     |           |   |

| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|--|
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the  |
| Requirements                        |           | inspection, the required documentation<br>regarding background checks was on file<br>for all employees listed. |

| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|---|
| 5101:2-12-03 Inspection | Compliant |   |
| Requirements            |           |   |
|                         | ·         |   |

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|---|
|      |        |   |



| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees had current medical statements on file. |
|--------------------------------------|-----------|--|
|                                      |           |  |