

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 http://jfs.ohio.gov/CDC/childcare.stm. 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 | |
| PAUL & CAROL DAVID YMCA-AMHERST | 000000106311 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 8750 JANE ST NW MASSILLON | | | STARK | |
| OH 44646 | | | | |
| | | | | |
| | | | | |
| 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 | Inspection Se | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 08/17/2022 | Begin Time 3 | 3:30 PM | End Time 5:30 PM | |
| Reviewer: | | | | |
| AQILA BROWN | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 1 | 0 | 0 | 1 |

| 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 | 28 | 28 |
| Total Capacity/Enrollment | 54 | 0 | 28 | 28 |

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



| School Age PM | School-Age to < 11 years | 2 to 15 | Activity |
|---------------|--------------------------|---------|----------|
| School Age PM | School-Age to < 11 years | 2 to 18 | Arrival |
| | ,,400 | | PM Snack |
| School Age PM | School-Age to < 11 years | 2 to 13 | Gym |

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 |
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| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
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| |
| |
| Low Risk Non-Compliances |

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined a completed medical examination statement for the employee listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/17/2022

Rules In-Compliance/Not Verified

| 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 | bocamenting statement(s), it applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: This program |
| Department Inspection | | serves only school age children in a public |
| | | or chartered non-public school building. |
| <u>L</u> | | |
| Rule | Status | Documenting Statement(s), If applicable |

| D L 5101 2 12 04 5: L | C !: 1 | D I' CLI L'TI' |
|--|-----------|---|
| Rule: 5101:2-12-04 Fire Inspection | 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: 5101:2-12-04 Food Service | Compliant | |
| State State State State Communication (State State Sta | Compilant | Documenting Statement: The program |
| Requirements | | has obtained a food service exemption |
| | | status from the local health department. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | <u>I</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | Dodanienting Statement(s), it applicable |
| Company Control and Control an | 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 | | policies and procedures reviewed on the |
| Tollows and Froduction | | day of the inspection were verified as |
| | | |
| | | complete. |
| | | |
| * | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | 5 (7) |
| Whistle Blower Protection | Compliant | |
| willistie blower Frotection | | |
| Dista | Chabas | De sous anti- |
| 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. |
| | | Tot all employees listed. |
| L | | |
| D. J. | Chabin | Description Chapter and A. If and It also |
| 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, |
| | | |
| | | CPR, and Child Abuse Prevention present |

| | | and readily accessible during all hours of operation. |
|--------------------------------------|--|--|
| D.J. | Ct-t | D |
| Rule: 5101:2-12-10 Professional | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: At the time of |
| Development Requirements | Compliant | the inspection, all child care staff |
| Development Requirements | | members had completed the required |
| | | amount of professional development |
| | | training. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | SIGNATURE CONTRACTOR C | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 8/16/22. |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: Outdoor |
| Equipment | | equipment was viewed to be safe and |
| | | free of rust, sharp points, and other |
| | | hazards. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was mulch. |
| | ļ | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | - 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 |
|--|---------------------|---|
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | 1 | inspection, the equipment was observed |
| | | clean and in good repair. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | | children were observed washing hands as |
| | | required by the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: A notice was |
| Environment | | observed posted stating that smoking is |
| | | prohibited at the program. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | Compliant | the inspection, 25% of the children's |
| Elliolitiett Records | | records were reviewed, and the records |
| | | 45 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - |
| | | were complete, as required by the rule. |
| | <u> </u> | |
| 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 S101:2-12-16 Medical Dental | Status | Documenting Statement(s), If applicable Documenting Statement: On the day of |
| Rule: 5101:2-12-16 Medical, Dental, | Status Compliant | Documenting Statement: On the day of |
| | | Documenting Statement: On the day of the inspection, the complete prescribed |
| Rule: 5101:2-12-16 Medical, Dental, | | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General |
| Rule: 5101:2-12-16 Medical, Dental, | | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were |
| Rule: 5101:2-12-16 Medical, Dental, | | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General |
| Rule: 5101:2-12-16 Medical, Dental, | | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | | 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. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | 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. |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Compliant | 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. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Compliant | 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. Documenting Statement(s), If applicable Documenting Statement: Documentation |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Compliant | 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. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Compliant | 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. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan Rule | Compliant | 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. Documenting Statement(s), If applicable Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified |

| Rule: 5101:2-12-16 First Aid/Standard Precautions | Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. |
|--|---------------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | 1 | "Communicable Disease Chart" was |
| | | posted and was readily available to staff |
| | | and parents. |
| | | |
| | | |
| 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. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | | |
| The state of the s | Compliant | Documenting Statement: The program's |
| Plan | | written disaster plan was reviewed during |
| | | the inspection and met the requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| watersales and the control of the co | anni Menerita Managarines | were observed posted. |
| | | Charles and the Section of Section 1 Control of Section 1 |
| | T | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | | equipment was observed in all categories. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | Dodniesis (Dodniesis (D)) ir applicable |
| Signiz 12 17 Bany Satassi Hay | Compilant | |
| | | |
| 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(s), it applicable |
| 3101.2 12 10 Natio | Compilant | |
| _ | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |

| Beginning! | | |
|---|-------------|--|
| | | |
| | | |
| 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 |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: School children |
| Maior 515112 12 15 Supervision | Compilant | were observed running errands, using the |
| | | restroom, or engaging in short term |
| | | activities under proper supervision. |
| | | detivities dilaci proper supervisioni |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: The program |
| Maior 919112 12 19 omina cardanies | Compilation | staff were observed using the positive |
| | | child guidance techniques and practices in |
| | | number 1 below. |
| | | 1. Setting clear limits. |
| | | 2. Redirecting to an appropriate activity. |
| | | 3. Showing positive alternatives. |
| | | 4. Modeling the desired behavior. |
| | | 5. Reinforcing appropriate behavior. |
| | | 6. Encouraging children to control their |
| | | own behavior, cooperate with others and |
| | | |
| | | solve problems by talking. |
| | | 7. Separation from the situation (no |
| | | more than one minute per each year of |
| | | the child's age; not to be used with |
| | | infants). Upon return to the activity, the |
| | | reason for the separation and expected |
| | | behavior were discussed with the child. |
| | | 8. Holding a child for a short period of |
| | | time, such as in a protective hug, so that |
| | | the child may regain self-control. |
| | | |
| Dula | Chatus | Decumenting Statement (a) If well all |
| Rule Rule: E101:2-12-22 Meal and Speek | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The program |
| Requirements | | served the following: Animal crackers, |
| | | milk or orange juice. |
| | | |

| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: Snacks served at the program included foods from two of the four food groups and provided nutritional value in addition to calories. |
|---|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | 100 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: There were no |
| Administration | | children on medication at the time of the |
| | | inspection; however, the method of |
| | | storage and practices for the |
| | | administration were reviewed. |
| | | |
| | | |