

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 Deta | ails | |
|--|-----------------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| YMCA AT TECUMSEH | 000000200173 | | Child Care Center |
| Address 1058 OLD SPRINGFIELD PIKE XENIA OH 45385 | | | County GREENE |
| Building Approval Date | Use Group/Code School Building | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk L Exempt | evel | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 10/27/2021 | Begin Time 3 | :45 PM | End Time 4:45 PM | |
| Reviewer: KEYAUNA BABER | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 4 | 0 | 0 | 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) | | 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 | 12 | 12 |
| Total Capacity/Enrollment | 54 | 0 | 12 | 12 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| SA | School-Age to < 11 years | 2 to 10 | |



| SA | School-Age to < 11 years | 3 to 9 | |
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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 | | |
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| Serious Risk Non-Compilances | | |
| No Serious Risk Non-Compliances were observed during this inspection | | |
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| Moderate Risk Non-Compliances | | |
| Moderate Makiteli Compilances | | |
| No Moderate Risk Non-Compliances were observed during this inspection | | |
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Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-12-02 Current Information



<u>Code</u>: The rule requires the program to request an administrator amendment within five days of the administrator's last day and qualifications submitted within thirty days.

<u>Finding</u>: During the inspection, it was determined that a change of administrator had been made and the owner or administrator had failed to provide notification of this change to the Department within five days and/or submit qualifications for the new administrator within 30 days. A license is only valid for the licensee, administrator, address and license capacity designated on the license. Technical assistance was provided, and as discussed, submit the request to amend the license and any required documentation, if applicable, through the licensing system, OCLQS.

Corrective Action Plan Due: 11/27/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 3, 4.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that 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);
- 4. Tuberculosis (TB) screening/test
- 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 4a;
- 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: 11/27/2021



Domain: 08 Staff Files

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

Code: The program administrator is required to have hours of availability and have the hours posted.

<u>Finding</u>: During the inspection, it was determined that the administrator did not have scheduled hours of availability, or hours of availability were not posted in a noticeable place. 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: 5101:2-12-08 Orientation and Staff Records

<u>Code</u>: The program is required to have staff complete the online staff orientation training before they are permitted to have sole responsibility of children.

<u>Finding</u>: During the inspection, it was determined that Child Care Staff Member(s) listed on the Employee Record Chart had sole responsibility of children and had not completed the online orientation, as required by this rule. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/27/2021

Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-07 Administrator Responsibilities/Requirements

<u>Code</u>: 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 were not entered or updated within five calendar days of the change in the Ohio Professional Registry (OPR) as noted in number(s) 2, 5 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created an employment record in the OPR for the program.
- 2. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard in the OPR.
- 3. At least one individual's schedule was not current.

- 4. At least one individual's position or role was not current.
- 5. At least one individual's employment had not been end dated.
- 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: 11/27/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
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| 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. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
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| Rule | Chahua | Decumenting Statements If analisable |
| 5101:2-12-04 Food License | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-04 FOOd License | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | 3 |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-12-18 License Capacity | Compliant | Documenting Statement(s), If applicable |
| 3101.2-12-18 License Capacity | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
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| D. J. | Chahara | December 5 States and 1 1 15 |
| Rule | Status | Documenting Statement(s), If applicable |

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| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | |
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| Rule | Status | Documenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | · · | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | a comment of the control of the cont |
| 3101.2-12-17 Daily Schedule | Compilant | |
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| 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. |
| | | were complete, as required by the rule. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 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. |
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| Dulo | Ctatus | Decumenting Statements If and the life |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | 0.000 | 2 deatheriting deatement(3), il applicable |

| 5101:2-12-10 Professional | Compliant | |
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| Development Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | booking statement, marp |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | Documenting Statement(s), if applicable |
| 3101.2-12-10 Group 512C | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | Documenting Statement(3), if applicable |
| Administration and Food Supplements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | Į. | I |