

# **Center Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details                |                         |                 |                   |  |
|--------------------------------|-------------------------|-----------------|-------------------|--|
| Program Name                   | Program Number          |                 | Program Type      |  |
| YMCA VERMILION LEARNING AND    | 000000300359            |                 | Child Care Center |  |
| ENRICHMENT CENTER              |                         |                 |                   |  |
| Address                        | 20                      |                 | County            |  |
| 1230 Beechview Drive Vermilion |                         |                 | ERIE              |  |
| OH 44089                       |                         |                 |                   |  |
|                                |                         |                 |                   |  |
|                                |                         | <u>`</u>        |                   |  |
| Building Approval Date         | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
|                                |                         |                 |                   |  |
| Fire Inspection Approval Date  | Food Service Risk Level |                 |                   |  |
| 11/18/2021                     | Level I                 |                 |                   |  |

| Inspection Information     |                             |                       |                   |              |
|----------------------------|-----------------------------|-----------------------|-------------------|--------------|
| Inspection Type            | 20                          | tion Scope            | Inspection Notice |              |
| Annual                     | Full                        |                       | Unannounced       |              |
| Inspection Date 11/19/2021 | Begin <sup>-</sup>          | Time 8:30 AM          | End Time 9:00 AM  |              |
| Inspection Date 12/09/2021 | Begin <sup>-</sup>          | Time 8:45 AM          | End Time 11:55 AM |              |
| Reviewer:                  |                             |                       |                   |              |
| Akeea Nelson               |                             |                       |                   |              |
| Reviewer:                  |                             |                       |                   |              |
| Akeea Nelson               |                             |                       |                   |              |
| Summary of Findings        |                             |                       |                   |              |
| No. Rules Verified         | No. Rules with Non-complian | nces No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 4                           | 0                     | 1                 | 3            |

| 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                                     | 4                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 8          | 9         | 17    |
| School Age  |                  | 0          | 19        | 19    |
| Total Capacity/Enrollment                                 | 90               | 8          | 28        | 36    |

| S                      | Staff-Child Ratios at the Time of Inspection |                |                   |  |
|------------------------|--|----------------|-------------------|--|
| Group                  | Age Group/Range                              | Ratio Observed | Comment           |  |
| Preschool- Jungle Room | 3 years to < 4 years                         | 1 to 4         | Arrival Ratio     |  |
| Preschool- Jungle Room | 3 years to < 4 years                         | 1 to 4         | Departure Ratio   |  |
| Preschool- Busy Bees   | 5 years to < Kindergarten                    | 1 to 10        | Arrival Ratio     |  |
| Preschool- Busy Bees   | 5 years to < Kindergarten                    | 1 to 10        | Departure Ratio   |  |
| School-age             | 5 years to < Kindergarten                    | 0 to 0         | Arrival Ratio-    |  |
|                        |  |                | Children not in   |  |
|                        |  |                | session during    |  |
|                        |  |                | arrival ratio.    |  |
| School-age             | 5 years to < Kindergarten                    | 0 to 0         | Departure Ratio-  |  |
|                        | ,  |                | Children were not |  |
|                        |  |                | in session during |  |
|                        |  |                | departure ratio.  |  |

# **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

Rule: 5101:2-12-19 Supervision

<u>Code</u>: The program staff is required to supervise children in their assigned group by sight and hearing. Supervision includes being near enough to respond and reach children immediately and protecting them from harm.

<u>Finding</u>: During the inspection, it was determined that children were left unattended while inside the program as noted in number(s) 1 below:

- 1. Child(ren) were left unattended once. (In the Jungle Room)
- 2. Child(ren) were left unattended more than once.
- 3. Child(ren) left the group and were unattended.
- 4. Child care staff were using a baby monitor to supervise children.
- 5. Child care staff were using a walkie talkie to supervise children.
- 6. Child care staff were using mirrors to view children in another room.
- 7. Child care staff were using a video camera instead of physically being present in the room.
- 8. Other [ ].

Children must be supervised and within sight and hearing of a child care staff member at all times. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/08/2022

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

**Domain: 08 Staff Files** 

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

Code: The program is required to maintain a current JFS 01176 "Program Notification of Background Check

Review for Child Care" on file for each staff.

<u>Finding</u>: In review of the staff records, it was determined that background check requirements had not been followed, for the individual(s) listed on the Employee Record Chart, as noted in number(s) 2 below:

- 1. The JFS 01176 Program Notification of Background Check Review for Child Care the program received from the Department was not on file and the individual was not left alone with children.
- 2. The JFS 01177 Individual Notification of Background Check Review for Child Care was on file instead of the JFS 01176.
- 3. The JFS 01176 on file was for a different program.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/08/2022

#### Domain: 09 Children's Files

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

Code: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child

Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 2, 5 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

## **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(s) 4, 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 (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: 01/08/2022

## Rules In-Compliance/Not Verified

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

| Rule                                 | Status    | Documenting Statement(s), If applicable   |  |  |
|--------------------------------------|-----------|---|--|--|
| 5101:2-12-02 Current Information     | Compliant | Dodding statement(s), it approach         |  |  |
|                                      |           |   |  |  |
|                                      |           |   |  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |  |  |
| 5101:2-12-03 Inspection              | Compliant |   |  |  |
| Requirements                         |           |   |  |  |
|                                      |           |   |  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |  |  |
| 5101:2-12-04 Building Department     | Compliant |   |  |  |
| Inspection                           |           |   |  |  |
|                                      |           |   |  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |  |  |
| Rule: 5101:2-12-04 Fire Inspection   | Compliant | Documenting Statement: Please Note:       |  |  |
|                                      |           | Documentation of a fire inspection        |  |  |
|                                      |           | without any uncorrected violations must   |  |  |
|                                      |           | be secured for the program. Secure a      |  |  |
|                                      |           | new fire inspection by 11/8/22.           |  |  |
|                                      |           | - 10 TO                                   |  |  |
|                                      |           |   |  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |  |  |
| Rule: 5101:2-12-04 Food Service      | Compliant | Documenting Statement: The food service   |  |  |
| Requirements                         |           | license was observed posted. Following is |  |  |
|                                      |           | the audit number and date of expiration:  |  |  |
|                                      |           | KLAN-BYZT92 3/1/22.                       |  |  |
|                                      |           |   |  |  |
|                                      | 1         |   |  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |  |  |
| 5101:2-12-07 Administrator           | Compliant |   |  |  |
| Qualifications                       |           |   |  |  |
|                                      |           |   |  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |  |  |
| 5101:2-12-07 Administrator           | Compliant |   |  |  |
| Responsibilities/Requirements        |           |   |  |  |
|                                      |           |   |  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |  |  |
| 5101:2-12-07 Written Program         | Compliant |   |  |  |
| Policies and Procedures              |           |   |  |  |
|                                      |           |   |  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |  |  |
| 5101:2-12-08 Medical Statement       | Compliant |   |  |  |
| L                                    |           |   |  |  |
| Pula                                 | Chatus    | Documenting Statement/s) If and itself    |  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |  |  |
| 5101:2-12-08 Child Care Staff Member | Compliant |   |  |  |
| Educational Requirements             |           |   |  |  |
| P. J.                                | Chabin    | D   |  |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |  |  |
| 5101:2-12-08 Orientation Training &  | Compliant |   |  |  |
| Whistle Blower Protection            |           |   |  |  |

| Rule                                 | Status                  | Documenting Statement(s), If applicable      |
|--------------------------------------|-------------------------|--|
|                                      |                         | Documenting statement(s), if applicable      |
| 5101:2-12-10 Health Training         | Compliant               |  |
| Requirements                         |                         |  |
| Rule                                 | Status                  | Decrees on time Chatamant (a) If a muliciple |
| 3/10/3/4/5/0                         | (0.09.00.00.00.00       | Documenting Statement(s), If applicable      |
| 5101:2-12-10 Professional            | Compliant               |  |
| Development Requirements             |                         |  |
| - 1                                  | •                       |  |
| Rule                                 | Status                  | Documenting Statement(s), If applicable      |
| 5101:2-12-11 Indoor Space            | Compliant               |  |
| Requirements                         |                         |  |
|                                      |                         |  |
| Rule                                 | Status                  | Documenting Statement(s), If applicable      |
| 5101:2-12-11 Separation of Children  | Compliant               |  |
| Under 2 1/2 Years                    |                         |  |
|                                      |                         |  |
| Rule                                 | Status                  | Documenting Statement(s), If applicable      |
| Rule: 5101:2-12-11 Outdoor Space     | Compliant               | Documenting Statement: The quarterly         |
| Requirements                         |                         | playground inspections were completed        |
|                                      |                         | and documented, as required. The most        |
|                                      |                         | recent inspection report form was dated      |
|                                      |                         | 12/1/21.                                     |
|                                      |                         |  |
|                                      |                         |  |
| Rule                                 | Status                  | Documenting Statement(s), If applicable      |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant               |  |
|                                      |                         |  |
| P. J.                                | Stt                     | Decomposition Chatago antich If a militaria  |
| Rule                                 | Status                  | Documenting Statement(s), If applicable      |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant               |  |
|                                      | <u></u>                 |  |
| Rule                                 | Status                  | Documenting Statement(s), If applicable      |
| 5101:2-12-12 Safe Equipment          | Compliant               | Bocamenting Statement(3), it applicable      |
| 3101.2 12 12 3are Equipment          | Compilant               |  |
|                                      | <u>I</u>                | <u>.</u>                                     |
| Rule                                 | Status                  | Documenting Statement(s), If applicable      |
| 5101:2-12-12 Safe Environment        | Compliant               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      |
|                                      | cewoonist Tablestacasts |  |
|                                      |                         |  |
| Rule                                 | Status                  | Documenting Statement(s), If applicable      |
| 5101:2-12-13 Sanitary Equipment and  | Compliant               |  |
| Environment                          |                         |  |
|                                      | •                       |  |
| Rule                                 | Status                  | Documenting Statement(s), If applicable      |
| 5101:2-12-13 Handwashing             | Compliant               |  |
| Requirements                         | ,                       |  |
|                                      | ı                       |  |
| Rule                                 | Status                  | Documenting Statement(s), If applicable      |
|                                      |                         | C (1)  |

| 5101:2-12-13 Smoke Free   | Compliant            |   |
|---|----------------------|---|
| Environment   | Compilant            |   |
| Environment   |                      |   |
| Rule  | Status               | Documenting Statement(s), If applicable                                     |
| Will design the second of the | Compliant            | Documenting Statement(s), if applicable                                     |
| 5101:2-12-14 Transportation and Field Trip Procedures   | Compliant            |   |
| Trip Procedures   |                      |   |
| Pode  | Chatura              | Decimantia Chatana antia) If annicable                                      |
| Rule  | Status               | Documenting Statement(s), If applicable  Documenting Statement: The program |
| Rule: 5101:2-12-15 Medical/Physical Care Plans  | Compliant            | had current information on the medical                                      |
| Care Plans  |                      | status and the required treatment plan                                      |
|   |                      | for the children with health conditions.                                    |
|   |                      | Tor the children with health conditions.                                    |
|   |                      |   |
| Rule  | Status               | Documenting Statement(s), If applicable                                     |
| 5101:2-12-16 Medical, Dental, and   | Compliant            | Documenting Statement(3), it applicable                                     |
| General Emergency Plan  | Compliant            |   |
| General Emergency Flam  |                      |   |
| Rule  | Status               | Documenting Statement(s), If applicable                                     |
| 5101:2-12-16 Emergency Drills   | Compliant            | Documenting Statement(s), if applicable                                     |
| 3101.2-12-10 Line gency Dinis   | Compliant            |   |
|   | ŀ                    |   |
| Rule  | Status               | Documenting Statement(s), If applicable                                     |
| 5101:2-12-16 First Aid/Standard   | Compliant            | Boodineriang Statement(5), it approads                                      |
| Precautions   | Compilation          |   |
| , 1000 doi:10   | <u>I</u>             |   |
| Rule  | Status               | Documenting Statement(s), If applicable                                     |
| 5101:2-12-16 Management of  | Compliant            |   |
| Communicable Disease  |                      |   |
|   | <u> </u>             |   |
| Rule  | Status               | Documenting Statement(s), If applicable                                     |
| 5101:2-12-16 Incident/Injury  | Compliant            |   |
| Reporting   | Section (Assessment) |   |
| 5   |                      |   |
| Rule  | Status               | Documenting Statement(s), If applicable                                     |
| 5101:2-12-17 Daily Schedule   | Compliant            |   |
|   |                      |   |
|   |                      |   |
| Rule  | Status               | Documenting Statement(s), If applicable                                     |
| 5101:2-12-17 Materials and  | Compliant            |   |
| Equipment   |                      |   |
|   |                      |   |
| Rule  | Status               | Documenting Statement(s), If applicable                                     |
| 5101:2-12-17 Daily Outdoor Play   | Compliant            |   |
|   |                      |   |
|   |                      |   |
| 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   |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size              | Compliant   |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records      | Compliant   | Bocumenting Statement(3), if applicable |
| 5101.2 12 16 Attendance necords      | Compliant   |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance          | Compliant   |   |
|                                      |             |   |
| D.L.                                 | l s         | D                                       |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping        | Compliant   |   |
|                                      | L           |   |
| 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 Fluid Milk Requirements | Compliant   |   |
|                                      |             |   |
| no.le                                | Chabin      | D                                       |
| Rule 5101:2-12-22 Safe Food          | Status      | Documenting Statement(s), If applicable |
|                                      | Compliant   |   |
| Handling/Storage                     |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Compliant   | Documenting Statement(s), it applicable |
| Administration                       | Compilation |   |
| Administration                       | I           |   |
|                                      |             |   |