

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 | | Pro | ogram Type |
| MARION FAMILY YMCA | 000000400234 | | Ch | ild Care Center |
| | | | | |
| Address | | | | unty |
| 645 BARKS RD EAST MARION | | | MA | ARION |
| OH 43302 | | | | |
| | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | | Maximum Under 2 ½ |
| 12/06/2011 | E | | | |
| Fire Inspection Approval Date | Food Service Risk L | evel | | |
| | | | | |

| Inspection Information | | | | | |
|-------------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Follow-up | Full | | Unannounced | | |
| Inspection Date 04/28/2022 | Begin Time 8 | :30 AM | End Time 1:50 PM | | |
| Reviewer: CRYSTAL LUSE | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 9 | 0 | 1 | 10 | |

| 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 | | 29 | 0 | 29 |
| School Age | | 76 | 0 | 76 |
| Total Capacity/Enrollment | 107 | 105 | 0 | 105 |

| S | Staff-Child Ratios at the Time of Inspection | | |
|------------|--|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| School-age | School-Age to < 11 years | 2 to 19 | |



Department of Education Department of Job and Family Services

| 3/4's Classroom | 3 years to < 4 years | 2 to 11 | |
|-----------------|----------------------|---------|--|
| 3/4's Classroom | 3 years to < 4 years | 2 to 6 | |
| 4/5's Classroom | 4 years to < 5 years | 2 to 8 | |
| 4/5's Classroom | 4 years to < 5 years | 1 to 11 | |

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-O3 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: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in numbers 10, 18, 19, and 25 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.



- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.

14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.

- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.

17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.

18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.

- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/28/2022

Low Risk Non-Compliances

Domain: 00 License & Approvals

<u>Rule</u>: 5101:2-12-04 Food Service Requirements <u>Code</u>: The program is required to maintain a copy of the current Ohio Department of Agriculture registration for any off-site food processing establishment they may utilize.



<u>Finding</u>: During the inspection, it was determined that a copy of the off-site food processing establishment's current Ohio Department of Agriculture registration was not on file at the program. Submit the program's corrective action plan, which includes a copy of the current registration, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/28/2022

Domain: 00 License & Approvals

<u>Rule</u>: 5101:2-12-04 Food Service Requirements <u>Code</u>: The program is required to refrain from preparing and serving food as stated in their exemption from a food service license.

<u>Finding</u>: During the inspection, it was determined that food was prepared and served in violation of the terms of the program's food service license exemption report which stated the program was exempt as noted in number 3 below:

- 1. Prepares and serves no food;
- 2. Prepares and serves food to thirteen or fewer individuals daily;

3. Prepares no food but food is prepared and served by a licensed caterer as directed by Chapter 3717 ORC (food is prepared by a licensed caterer, but the child care program serves the food); 4. Other [].

The program must operate in accordance with the terms of the food service exemption status. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/28/2022

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Environment

<u>Code</u>: The program is required to have all surge protectors and outlets covered.

<u>Finding</u>: During the inspection, it was determined that surge protectors/outlets did not have childproof receptacle covers. The program must have safety covers on all electrical outlets, including power strips and surge protectors, which are within the reach of the children. 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: 05 Health & Safety

<u>Rule</u>: 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 first aid kit at the program had missing, or expired, items that are required by appendix A of this rule to be contained in a first aid kit, as noted in number 15 below:

1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].

- 2. One roll of hypoallergenic first-aid tape.
- 3. Individually wrapped sterile gauze squares in assorted sizes.
- 4. Sterile adhesive bandages in assorted sizes.

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).

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: 05 Health & Safety

Rule: 5101:2-12-22 Fluid Milk Requirements

<u>Code</u>: The program is required to obtain written documentation when serving substitutions for fluid milk.



<u>Finding</u>: During the inspection, it was determined that required documentation for substitutions for fluid milk was not on file as noted in number 3 below:

1. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants up to 12 months of age are served anything other than formula or breast milk.

2. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants and toddlers 12 months of age up to 24 months of age are served anything other than unflavored whole homogenized vitamin D fortified cow's milk, breast milk, or non-cow milk substitution that is nutritionally equivalent to milk.

3. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when toddlers and children 24 months of age and older are served anything other than unflavored one per cent milk that is vitamin A and D fortified, unflavored fat free or skim milk that is vitamin A and D fortified, or non-cow milk substitutions that are nutritionally equivalent to milk (the program served chocolate milk).

4. Written parental consent for non-cow milk substitutions that are nutritionally equivalent to milk for children 12 months of age and older.

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

<u>Rule</u>: 5101:2-12-08 Child Care Staff Member Educational Requirements <u>Code</u>: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file for Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/28/2022

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 3b.



- 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) (No written documentation on file of current immunization against tetanus, diphtheria and 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: 05/28/2022

Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have staff complete training in child abuse and neglect recognition and prevention within sixty days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed training in child abuse and neglect recognition and prevention as noted in number 2 below:

- 1. The training was not completed within sixty days of hire.
- 2. The training was expired, as it is only valid for two years.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete training in child abuse and neglect recognition and prevention. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/28/2022



Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: 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 numbers 2, 4, 13, 15 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: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 2 below:

1. No medical was on file for at least one child

2. Medical(s) on file was not updated every 13 months



| 3. Medical(s) were m | nissing child's name and date of birth |
|--|---|
| 4. Medical(s) were m | nissing the date of the medical examination |
| 5. The date of the ex | am was more than 13 months prior to the date the form was signed. |
| 6. Medical(s) were m | nissing a statement that the child has been examined and is in suitable condition for |
| participation in grou | p care |
| | nissing the signature, business address and telephone number of the physician, physician's ce practice nurse (APN) or certified |
| | CNP) who examined the child |
| 8. Medical(s) were m 9. Medical(s) were m | hissing a record of immunizations the child has had specifying month, day and year hissing a statement from the physician, PA, APN, or CNP that the child has been immunized f being immunized against the diseases |
| required by division | 5104.014 of the Revised Code and found in appendix A to this rule |
| | missing a statement from the child's parent or guardian that he or she has declined to have against the disease for reasons of |
| | g religious convictions |
| 11. Other [] | |
| Submit the program' this rule. | 's corrective action plan to the Department to verify compliance with the requirements of |
| Corrective Action Pla | an Due: 05/28/2022 |
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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 |
| Rule: 5101:2-12-02 Current Information | Compliant | Documenting Statement: The program had current information entered in the Ohio Child Licensing and Quality System (OCLQS). |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| RequirementsRuleState5101:2-12-04 Building DepartmentColorInspectionColorRuleState5101:2-12-04 Fire InspectionColorRuleState5101:2-12-07 AdministratorColorQualificationsColorRuleState5101:2-12-07 AdministratorColorRuleState5101:2-12-07 AdministratorColorRuleState5101:2-12-07 Written ProgramColorPolicies and ProceduresColorRuleState5101:2-12-08 Orientation Training & ColorWhistle Blower ProtectionColorRuleState5101:2-12-09 Background CheckColorRequirementsColor | mpliant tus mpliant tus mpliant tus mpliant tus mpliant tus mpliant tus tus mpliant tus mpliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
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| 5101:2-12-09 Background Check Co Requirements | | |
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| 5101:2-12-09 Background Check Co Requirements | tuc | Documenting Statement(s), If applicable |
| Requirements | | Documenting statement(s), it applicable |
| | mpliant | |
| Rule Sta | | |
| Rule Sta | | |
| | tus | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space Co | mpliant | 5 (<i>n</i> 11 |
| • | inpiunt | |
| Requirements | | |
| | | |
| Rule Sta | tus | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space Co | mpliant | Documenting Statement: The quarterly |
| Requirements | • | playground inspections were completed |
| | | and documented, as required. The most |
| | | |
| | | recent inspection report form was dated |
| | | 4/27/22. |
| | | |
| | | |
| Rule Sta | tus | Documenting Statement(s), If applicable |
| | mpliant | Documenting Statement: Equipment was |
| | Inpliant | |
| | | observed to be in good condition. |
| | | , |
| | | |
| Rule Sta | | |
| | tus | Documenting Statement(s), If applicable |



| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |
|--|---------------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing Requirements | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | | the inspection, the complete prescribed |
| , , , , , , , , , , , , , , , , , , , | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | |
| Rule | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Documentation |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of Communicable Disease | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury Reporting | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | Sompilate | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules were observed posted. |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |



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| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
|---|---------------------|--|
| | 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 | |
| | | |
| 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(s), if applicable |
| Rule. 5101.2-12-16 Ratio | Compliant | |
| | | ratios observed during the inspection |
| | | were in compliance. |
| Dula | Chabura | |
| 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 | compliant | 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 Compliant | 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 | |
| | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | | |
| | Status | Documenting Statement(s), If applicable |
| Rule | | |
| Rule Rule: 5101:2-12-22 Meal and Snack | | Documenting Statement: Meals served at |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Meals served at the program included foods from the four |
| | | Documenting Statement: Meals served at the program included foods from the four food groups in sufficient amounts. |



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| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------|-----------|---|
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration | | |
| | | |
| | | |