

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 Det | ails | | |
|-------------------------------|---------------------|-------------------------|-------------------|--|
| Program Name | Program Number | Program Number | | |
| JACKSON YMCA PRESCHOOL | 000000402699 | 00000402699 | | |
| Address | | | County | |
| 102 Broadway St Jackson | | | | |
| OH 45640 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| Fire Inspection Approval Date | Food Service Risk L | Food Service Risk Level | | |
| 10/14/2021 | Exempt | | | |

| Inspection Information | | | | | |
|--|---------------------|---------------|-------------------|-------------------|--------------|
| Inspection Type | | Inspection So | cope | Inspection Notice | |
| Amendment - cha | nge of location | Full | | Unannounced | |
| Inspection Date Begin Time 10 10/07/2021 | | .0:15 AM | End Time 12:45 PM | | |
| Reviewer: JONNI MASTERS | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non- | compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 0 | | 0 | 0 | 0 |

| 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 | 0 | 0 |
| Total Capacity/Enrollment | 15 | 0 | 0 | 0 |

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



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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| 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 |
| No Low Risk Non-Compliances were observed during this inspection |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-12-04 Fire Approval | Compliant | |
| | | |
| D. I. | Chahara | Decomposition (technology) If and include |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of Communicable Disease | Compliant | Documenting Statement: The JFS 08087 "Communicable Disease Chart" was |
| Communicable Disease | | |
| | | posted and was readily available to staff |
| | | and parents. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| | | |
| 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 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |
|---|---------------------|--|
| Rule | Ctatus | Desumenting Statement/s\ If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the |
| Precautions | Compilant | inspection,1 first aid kits were reviewed |
| Frecautions | | and available as required. |
| | | and available as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | | <u>.</u> |
| 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 |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| Dula | Chabus | Decumenting Chatamantha) If andiaphle |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | , , , , , , , , , , , , , , , , , , , |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building Approval | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
| | | regarding building approval were |
| | | discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | - stationary state and the sta |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
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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 |
| Nuic | Status | Documenting Statement(s), it applicable |

| 5101:2-12-08 Orientation and Staff | Compliant | |
|------------------------------------|-------------|---|
| Records | | |
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| 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 |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
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| 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 |
| 5101:2-12-09 Background Check | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | , | |
| , , | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
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