

# **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	
YELLOW SPRINGS COMMUNITY	000000403154		Child Care Center	
CHILDREN'S CENTER				
Address			County	
320 CORRY ST YELLOW SPRINGS		GREENE		
OH 45387				
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½	
04/24/1989	E with I-2			
Fire Inspection Approval Date	Food Service Risk Level			
07/23/2021	Level IV			

Inspection Information				
Inspection Type	Inspection Scope	Inspection Notice		
Follow-up	Full	Unannounced		
Inspection Date 06/23/2022	Begin Time 2:00 PM	End Time 4:15 PM		
Inspection Date 06/24/2022	Begin Time 2:00 PM	End Time 3:00 PM		
Reviewer: MARGARET CONRAD				
Reviewer: MARGARET CONRAD				
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Summary of Findings					
No. Rules Verified No. Rules with Non-compliances No. Serious Risk No. Moderate Risk No. Low Risk					
58	5	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)		4	0	4
Young Toddler		6	0	6
Total Under 2 ½ Years	25	10	0	10
Older Toddler		7	0	7
Preschool		19	0	19
School Age		26	0	26
Total Capacity/Enrollment	101	52	0	62

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Infants	Mixed Age Group	2 to 4	
Infants	Mixed Age Group	2 to 3	
Toddler 1	Mixed Age Group	1 to 9	combined with
			Toddler 2 for nap
			time
Toddler 1	Mixed Age Group	1 to 6	
Toddler 2		2 to 9	combined with
			Toddler 1 during
			nap time
Toddler 2	Mixed Age Group	1 to 3	
Preschool	3 years to < 4 years	1 to 7	
Preschool	3 years to < 4 years	1 to 6	
PreK	4 years to < 5 years	1 to 8	
PreK	4 years to < 5 years	1 to 8	
School Age 1	School-Age to < 11 years	2 to 12	
School Age 1	School-Age to < 11 years	2 to 12	combined with SA
_			2

## **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	Rick Non.	Compl	iances
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No Moderate Risk Non-Compliances were observed during this inspection

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

#### **Domain: 04 Indoor/Outdoor Space**

Rule: 5101:2-12-11 Outdoor Space Requirements

<u>Code</u>: The program is required to have an outdoor play space free from general hazards.

<u>Finding</u>: During the inspection, it was determined that the off-site outdoor play area located at [ ] did not meet the rule requirements because it was not free of foreign objects as noted in number 2 & 4 below:

- 1. There was broken glass.
- 2. There were tall weeds.
- 3. There was poison ivy.
- 4. There were tree branches.
- 5. There was mold visible.
- 6. There were thistles with prickers.
- 7. There were bird droppings.
- 8. There were bolts with more than two threads exposed along a fence or gate.
- 9. The sandbox was contaminated.
- 10. Other [ ].

Discontinue use of this space immediately. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/24/2022

#### **Domain: 04 Indoor/Outdoor Space**

Rule: 5101:2-12-11 Outdoor Play Equipment

Code: The program is required to provide equipment that does not pose a safety risk.

<u>Finding</u>: During the inspection, it was determined that outdoor play equipment was unsafe as noted in number 3 below:

- 1. There was rust exposed;
- 2. There was protruding bolts;
- 3. There were cracks in the swings
- 4. There were holes;
- 5. There was splintering wood;
- 6. There were sharp edges or points;
- 7. There were lead hazards;
- 8. There were toxic substances;
- 9. There were tripping hazards;
- 10. There was chipped and/or peeling paint;
- 11. Other [ ].

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/24/2022

#### **Domain: 04 Indoor/Outdoor Space**

Rule: 5101:2-12-11 Outdoor Play Fall Zones

Code: The program is required to provide adequate fall surface for the outdoor play space.

<u>Finding</u>: During the inspection, it was determined that while there was adequate fall surface material in the outdoor play space, proper distribution had not been maintained under and around equipment as required. Submit the program's corrective action plan, which includes a statement that fall surface material has been properly redistributed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/24/2022

### Domain: 08 Staff Files

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

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety 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 required health and safety training as noted in number 2 & 3 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

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

Corrective Action Plan Due: 07/24/2022

**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 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: 07/24/2022



# Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
Dula	Chatura	Described Chatanage (A) If and include
Rule 5101:2-12-02 Current Information	Status Compliant	Documenting Statement(s), If applicable
5101.2-12-02 Current information	Compilant	
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
5101:2-12-04 Fire Inspection	Compliant	bocumenting statement(s), it applicable
STOTIL TE OTTIVE INSPECTION		
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:
		9942373 3/23
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-05 Denial, Revocation and	Compliant	
Suspension		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Qualifications		
P. J.	Chahara	Danis and a Chada
Rule	Status	Documenting Statement(s), If applicable

5101:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		
Rule	Status	Documenting Statement(s), If applicable
		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 Child Care Staff Member	Compliant	
	Compilant	
Educational Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation Training &	Compliant	
Whistle Blower Protection		
Willstie Blower i Totection		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-09 Background Check	Compliant	
Requirements		
	1	
D. J.	Chahara	Downwards City 1/2 is 11
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Compliant	
Development Requirements		
·	1	
Rule	Status	Documenting Statement(s), If applicable
		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	0 (7)
	Compilant	
Under 2 1/2 Years		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	
	1	1
Rule	Status	Documenting Statement(s), If applicable
	Status	Documenting Statement(s), it applicable
5101:2-12-12 Safe Environment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and	Compliant	
	Compilant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Compliant	, , , , , , ,
I	Compilation	
Requirements		
Rule	Status	Documenting Statement(s), If applicable

5101:2-12-13 Smoke Free Environment	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-15 Child Medical and	Compliant	Bodinenting Statement(s), it applicable
Enrollment Records	Compilation	
Emoniment necords		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-15 Medical/Physical	Compliant	Documenting Statement: The program
Care Plans		had current information on the medical
		status and the required treatment plan
		for the children with health conditions.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and	Compliant	
General Emergency Plan		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Emergency Drills	Compliant	the second secon
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Compliant	Documenting Statement(s), if applicable
Precautions	Compliant	
Treductions		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of	Compliant	
Communicable Disease		
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 Written Disaster Plan	Compliant	2000month, getterment (o), it approaches
3101.2 12 10 Witten Bisaster Flan	Сотприите	
Rule	Status	Documenting Statement(c) If applicable
5101:2-12-17 Daily Schedule	Compliant	Documenting Statement(s), If applicable
3101.2-12-17 Daily Schedule	Compliant	
Dula	Chahira	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and Equipment	Compliant	
Ечанитель		<u> </u>
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	<u> </u>
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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	2004
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.
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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
5101:2-12-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cots and Napping	Compliant	
	I c	5 (1)
Rule 5101:2-12-20 Cribs	Status Compliant	Documenting Statement(s), If applicable
3101.2-12-20 CHbS	Compliant	
	1	
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	
		1
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	bookinenting statement(s), it applicable
Handling/Storage		
	I	



Status	Documenting Statement(s), If applicable
Compliant	
Status	Documenting Statement(s), If applicable
Compliant	
Status	Documenting Statement(s), If applicable
Compliant	
Status	Documenting Statement(s), If applicable
Compliant	
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