

# **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 Deta                      | nils            |                     |
|---|-----------------------------------|-----------------|---------------------|
| Program Name  | Program Number                    |                 | Program Type        |
| FAIRFIELD Y-CLUB  | 000000404884                      |                 | Child Care Center   |
| Address<br>13000 COVENTRY AVE NW PICKERINGTON<br>OH 43147 |                                   |                 | County<br>FAIRFIELD |
| Building Approval Date                                    | Use Group/Code<br>School Building | Occupancy Limit | Maximum Under 2 ½   |
| Fire Inspection Approval Date                             | Food Service Risk L               | evel            | ·                   |
|   | Exempt                            |                 |                     |

|                             | Insp                           | ection Information |                   |              |
|-----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type             | Inspection So                  | cope               | Inspection Notice |              |
| Annual                      | Full                           |                    | Unannounced       |              |
| Inspection Date 12/13/2021  | Begin Time 3                   | :55 PM             | End Time 6:15 PM  |              |
| Reviewer:<br>SARENA POWHIDA | A                              |                    |                   |              |
|                             | Sur                            | mmary of Findings  |                   |              |
| No. Rules Verified          | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                          | 8                              | 0                  | 1                 | 9            |

| License Capacity and Enrollment at the Time of Inspection |                  |           |           |         |
|---|------------------|-----------|-----------|---------|
| Age Group   | License Capacity |           | Enr       | ollment |
|   | 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         | 27        | 27      |
| Total Capacity/Enrollment                                 | 41               | 0         | 27        | 27      |

| S         | taff-Child Ratios at the Time of Ins | pection        |         |
|-----------|--------------------------------------|----------------|---------|
| Group     | Age Group/Range                      | Ratio Observed | Comment |
| Schoolage | School-Age to < 11 years             | 1 to 12        |         |

|  | Schoolage | School-Age to < 11 years | 1 to 4 |  |
|--|-----------|--------------------------|--------|--|
|--|-----------|--------------------------|--------|--|

## **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 |
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#### **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 number(s) 11, 13, 18, 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: 01/19/2022

## **Low Risk Non-Compliances**

## Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

<u>Code</u>: The program is required to maintain the appropriate staff to child ratio for each group served with Child Care Staff Members who meet the requirements.

<u>Finding</u>: During the inspection, it was determined that children were being supervised by an individual who did not meet the requirements of a Child Care Staff Member. Additional Child Care Staff Members must be hired or current Child Care Staff Members must be rescheduled to maintain compliance. 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: 02/27/2022

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

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

<u>Code</u>: The program is required to conduct and document quarterly inspections of their outdoor play space.

<u>Finding</u>: During the inspection, it was determined that quarterly inspections of one or more outdoor play area(s) and equipment had not been completed and documented as required, using the JFS 01281 "Child Care Playground Inspection Report" form (page 2 not completed). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/19/2022

## Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number(s) 3 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 01/19/2022

Domain: 05 Health & Safety

Rule: 5101:2-12-22 Meal and Snack Requirements

<u>Code</u>: The program is required to post the current weekly menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

<u>Finding</u>: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) 5 below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

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 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/19/2022

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Medical Statement

Code: 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) 4 a:

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: 01/19/2022

#### Domain: 08 Staff Files

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

<u>Code</u>: The program administrator is required to have hours of availability to meet with parents and have the hours posted in a noticeable location.

<u>Finding</u>: During the inspection, it was determined that the administrator did not have scheduled hours of availability to meet with parents, or the hours of availability were not posted in a noticeable location. 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: 5101:2-12-07 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 in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 3, 4 and 5 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member's role was not accurately entered (employee/volunteer listed as a substitute).
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other: [ ]

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

Corrective Action Plan Due: 01/19/2022

#### **Domain: 08 Staff Files**

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

Code: The program is required to maintain a staff schedule with coverage of the required health trainings.

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in number(s) 2 and 7 below:

- 1. First Aid child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 2. First Aid child care staff members scheduled during all hours of operation did not have verification of completion of First Aid
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. CPR child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 5. CPR child care staff scheduled during the hours of [ ] and [ ] had did not have verification of completion of CPR
- 6. CPR trained child care staff member was not present in each building used by children
- 7. CPR training taken by staff was not appropriate for all ages and developmental levels of the children in care
- 8. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 9. Communicable Disease child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 10. Communicable Disease child care staff scheduled during the hours of [ ] and [ ] had not taken Communicable Disease training

- 11. Communicable Disease trained child care staff member was not present in each building used by the program
- 12. Child Abuse child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 13. Child Abuse child care staff scheduled during the hours of [ ] and [ ] had not taken Child Abuse training
- 14. Child Abuse trained child care staff was not in each building used by the program

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/19/2022

## **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 |  |
|                                  |           |  |
| 2.1                              |           |  |
| 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 |  |
|                                  |           |  |
|                                  |           |  |
| Rule                             | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-04 Food Service  | Compliant | Documenting Statement: The program       |
| Requirements                     |           | has obtained a food service exemption    |
|                                  |           | status from the local health department. |

|  |                  | The pre-packaged food was delivered by a caterer: Himes Vending, 9912078, expires 3/1/22.   |
|--|------------------|---|
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-05 Denial, Revocation and Suspension                         | Compliant        | ,   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator<br>Qualifications                           | Compliant        |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program Policies and Procedures                   | Compliant        |   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-08 Child Care Staff<br>Member Educational Requirements | Compliant        | Documenting Statement: All Child Care Staff Members had verification of educational requirements on file at the program.  |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection          | Compliant        | bocumenting statement(s), if applicable   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-09 Background Check<br>Requirements                    | Compliant        | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed.  |
|  | T                |   |
| Rule: 5101:2-12-10 Professional Development Requirements               | Compliant        | Documenting Statement(s), If applicable  Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training. |
| Rule   | Ctatus           | Decumenting Statement(s) If applicable  |
| 5101:2-12-11 Indoor Space<br>Requirements                              | Status Compliant | Documenting Statement(s), If applicable   |
| Rule   | Status           | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Equipment                                    | Compliant        | ,   |

| Rule  | Status      | Documenting Statement(s), If applicable |
|---|-------------|---|
| 5101:2-12-11 Outdoor Play Fall Zones  | Compliant   | bocamenting statement(3), it applicable |
| Signification in the significant state of the | Compilation |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment   | Compliant   | <u> </u>                                |
|   | •           |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment   | Compliant   |   |
|   |             |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and   | Compliant   |   |
| Environment   |             |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing  | Compliant   | Documenting Statement: Staff and        |
| Requirements  |             | children were observed washing hands as |
|   |             | required by the rule.                   |
|   |             |   |
|   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free   | Compliant   | Documenting Statement: A notice was     |
| Environment   |             | observed posted stating that smoking is |
|   |             | prohibited at the program.              |
|   |             |   |
|   | 1           |   |
| 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. |
|   |             |   |
|   | 1           |   |
| 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.      |
|   |             |   |
| D. I.   |             |   |
| Rule  | Status      | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard   | Compliant   | Documenting Statement: During the       |
| Precautions   |             | inspection, the program had complete    |
|   |             | first aid kits available as required.   |
|   |             |   |
|   |             |   |

| 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 | Documenting Statement(s), if applicable   |
| 3101.2 12 10 Written bisaster Hair   | Compliant |   |
|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule          | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and     | 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   |
| 5101:2-12-18 Group Size              | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Attendance        | Compliant | Documenting Statement: Child Care Staff   |
| Records                              |           | Members were observed recording the       |
|                                      |           | attendance for each child upon arrival    |
|                                      |           | and documenting each child's departure.   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Supervision             | Compliant | Southering Statement(S), it applicable    |
| ,                                    | , -       |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Child Guidance          | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | 200mming otalement(0), ii applicable      |
|                                      | ,         |   |



| Rule  | Status    | Documenting Statement(s), If applicable  |
|---|-----------|--|
| 5101:2-12-22 Safe Food<br>Handling/Storage      | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-25 Medication<br>Administration | Compliant | Documenting Statement: There were no children on medication at the time of the inspection. |