

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 | | Program Type |
| LIBERTY TREE Y-CLUB | 000000410149 | | Child Care Center |
| Address 6877 SAWMILL PARKWAY POWELL OH 43065 | | | County DELAWARE |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| | Level II | | |

| Inspection Information | | | | |
|-----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Se | соре | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 02/14/2022 | Begin Time 3 | 3:30 PM | End Time 5:00 PM | |
| Reviewer: ANNE BLANKESTY | N | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 56 | 1 | 0 | 0 | 1 |

| 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 | | 58 | 0 | 58 |
| Total Capacity/Enrollment | 72 | 58 | 0 | 58 |

| S | taff-Child Ratios at the Time of Ins | pection | |
|------------|--------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| School Age | School-Age to < 11 years | 2 to 25 | |



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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 | |
|---|--|
| No Moderate Risk Non-Compliances were observed during this inspection | |
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| Low Risk Non-Compliances | |
|--|--|
| | |
| Domain: 08 Staff Files | |
| Rule: 5101:2-12-10 Professional Development Requirements | |



<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

1. The child care staff member(s) had not completed at least six hours of professional development.

2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

3. Training topic did not meet the requirements listed in appendix A of this rule.

4. Documentation of training did not meet the requirements of this rule.

5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development

6. Other [].

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

Corrective Action Plan Due: 03/16/2022

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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | |



Department of Education Department of Job and Family Services

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-12-04 Fire Inspection | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| | 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 | | |
| | I | |
| Rule | Status | Documenting Statement/s) If and is his |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
| | | |
| · · · · · · · · · · · · · · · · · · · | | |
| 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 |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| | | |
| Whistle Blower Protection | | |
| | Status | Documenting Statement(c) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-09 Background Check | Status Compliant | Documenting Statement(s), If applicable |
| Rule | | Documenting Statement(s), If applicable |
| Rule 5101:2-12-09 Background Check Requirements | Compliant | |
| Rule 5101:2-12-09 Background Check | | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-09 Background Check Requirements | Compliant | |
| Rule 5101:2-12-09 Background Check Requirements Rule | Compliant Status | |
| Rule5101:2-12-09 Background Check RequirementsRule5101:2-12-10 Health Training | Compliant Status | |
| Rule5101:2-12-09 Background Check RequirementsRule5101:2-12-10 Health Training Requirements | Compliant Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-12-09 Background Check Requirements Rule 5101:2-12-10 Health Training Requirements Rule Rule | Compliant Status Compliant Status | |
| Rule5101:2-12-09 Background Check RequirementsRule5101:2-12-10 Health Training RequirementsRule5101:2-12-11 Indoor Space | Compliant Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-12-09 Background Check Requirements Rule 5101:2-12-10 Health Training Requirements Rule Rule | Compliant Status Compliant Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-09 Background Check Requirements Rule 5101:2-12-10 Health Training Requirements Rule 5101:2-12-11 Indoor Space Requirements | Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-09 Background Check Requirements Rule 5101:2-12-10 Health Training Requirements Rule 5101:2-12-11 Indoor Space Requirements Rule Surrements | Compliant Status Compliant Status Compliant Status Status Status Status Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5101:2-12-09 Background Check Requirements Rule 5101:2-12-10 Health Training Requirements Rule 5101:2-12-11 Indoor Space Requirements Rule S101:2-12-11 Indoor Space Requirements | Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-12-09 Background Check Requirements Rule 5101:2-12-10 Health Training Requirements Rule 5101:2-12-11 Indoor Space Requirements Rule Surrements | Compliant Status Compliant Status Compliant Status Status Status Status Status Status Status | Documenting Statement(s), If applicable Documenting Statement: The outdoor play space was not viewed or inspected |
| Rule5101:2-12-09 Background Check RequirementsRule5101:2-12-10 Health Training RequirementsRule5101:2-12-11 Indoor Space RequirementsRuleRuleStoreRuleRuleRuleStoreRuleStoreRuleRuleStoreStoreRuleRuleStoreStoreRuleRuleStoreRuleRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreRule:StoreStoreRule:StoreRule:Rule:StoreRule:Rule:Rule:StoreRule:Rule:Rule:Rule:Rule:Rule:Rule:Rule:Rule: | Compliant Status Compliant Status Compliant Status Status Status Status Status Status Status | Documenting Statement(s), If applicable |
| Rule5101:2-12-09 Background Check RequirementsRule5101:2-12-10 Health Training RequirementsRule5101:2-12-11 Indoor Space RequirementsRuleRuleStoral State RequirementsRuleRuleRuleRuleRuleRuleRule:Storal State StateRule | Compliant Status Compliant Status Compliant Status Status Status Status Status Status Status | Documenting Statement(s), If applicable Documenting Statement: The outdoor play space was not viewed or inspected |



General Emergency Plan

| Rule | Status | Documenting Statement(s), If applicable |
|--|----------------------------------|--|
| Rule: 5101:2-12-11 Outdoor Play | Not Verified | Documenting Statement: The outdoor |
| Equipment | | play space and equipment were not |
| | | viewed during this inspection due to |
| | | inclement weather conditions; however, |
| | | the requirements were discussed. |
| | | the requirements were discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| Dula | Status | |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
| | a | |
| 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 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement(s), if applicable |
| Enrollment Records | Compliant | the inspection, 25% of the children's |
| | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
| | | were complete, as required by the fule. |
| Dula | Status | |
| Rule | Status | Documenting Statement(s), If applicable |
| Dula E101,2 12 1E Madiaal /Dhuster | Compliant | |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Rule: 5101:2-12-15 Medical/Physical Care Plans | Compliant | had current information on the medical |
| · · · · | Compliant | had current information on the medical status and the required treatment plan |
| · · · · | Compliant | had current information on the medical |
| Care Plans | | had current information on the medical status and the required treatment plan for the children with health conditions. |
| · · · · | Compliant Status Compliant | had current information on the medical status and the required treatment plan |



| Rule | Status | Documenting Statement(s), If applicable |
|---|---------------------|---|
| 5101:2-12-16 Emergency Drills | Compliant | |
| | | |
| Dula | Chatura | Desumenting Statement(s) If emplicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | Compliant | |
| Communicable Disease | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| neborning | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| Dula | Chabus | |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| L | 1 | I |
| 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 | |
| | | |
| Pulo | Status | Documenting Statement(c) If applicable |
| Rule 5101:2-12-18 Attendance Records | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-18 Allendance Records | Compliant | |
| L | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| 2101.2 12 13 Juper VISION | | |



| 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 Meal and Snack | Compliant | |
| Requirements | compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program |
| Administration | | had complete written documentation for |
| | | administering medication or food |
| | | supplements. |
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