

# **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      |
| YMCA School Age Enrichment Program at | 2190019706          |                 | Child Care Center |
| St Helen                              |                     |                 |                   |
| Address                               |                     |                 | County            |
| 5086 Burkhardt Rd. Riverside          |                     |                 | MONTGOMERY        |
| OH 45431                              |                     |                 |                   |
|                                       |                     |                 |                   |
|                                       |                     |                 |                   |
| Building Approval Date                | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
|                                       | School Building     |                 |                   |
| Fire Inspection Approval Date         | Food Service Risk L | evel            |                   |
| 04/24/2019                            | Exempt              |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection S                   | соре             | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time 3                   | 3:30 PM          | End Time 4:30 PM  |              |
| 09/01/2021             |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| MARGARET CONR          | AD                             |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57                     | 1                              | 0                | 1                 | 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          | 2         | 2     |
| School Age  |                  | 0          | 10        | 10    |
| Total Capacity/Enrollment                                 | 317              | 0          | 12        | 12    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| School Age                                   | Mixed Age Group | 2 to 7 |  |



#### **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

#### Domain: 00 License & Approvals

Rule: 5101:2-12-04 Fire Approval

<u>Code</u>: The program is required to only use space approved by the fire department or the state fire marshal's office to serve children. The program is required to obtain a fire inspection within 12 months from the date of the last fire approval. If violations are noted during the inspection, the program is required to have all violations corrected and have the program re-inspected to obtain a completed fire form.

<u>Finding</u>: During the inspection, it was determined the program had not obtained written approval from the local fire safety inspector or the state fire marshal as noted in number 1 below:

1. The program had not been inspected and approved within 12 months from the date of the last fire approval and the request for the new inspection was not made at least 30 days prior to the expiration of the previous approval.

2. The fire approval had not been obtained due to violations.

3. The [] space was being used and had not been approved by the fire department or the state fire marshal's office for child care.

Submit the program's corrective action plan, which includes an updated fire approval, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/03/2021



| Low Risk Non-Compliances   |
|--|
| No Low Risk Non-Compliances were observed during this inspection |
|  |
|  |
|  |
|  |
|  |
|  |

# Rules In-Compliance/Not Verified

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-22 Meal and Snack | Compliant |   |
| Requirements                |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing    | Compliant |   |
| Requirements                |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of  | Compliant |   |
| Communicable Disease        |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 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             |                     |   |
| · · ·                                | •                   | <u> </u>                                |
| 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  | Compliant           |   |
| Environment                          |                     |   |
|                                      | •                   | <u></u>                                 |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance          | Compliant           |   |
|                                      |                     |   |
| Dula                                 | Chatura             |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant           |   |
|                                      | I                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard      | Compliant           |   |
| Precautions                          |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant           |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity        | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant           |   |
| Handling/Storage                     |                     |   |
| Rule                                 | Status              | Decumenting Statement(c) If applicable  |
| 5101:2-12-07 Written Program         | Status<br>Compliant | Documenting Statement(s), If applicable |
| Policies and Procedures              |                     |   |
|                                      |                     | 1]                                      |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space            | Compliant           |   |
| Requirements                         |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-16 Emergency Drills | Compliant           | Documenting Statement: Documentation<br>for completed fire, weather, and<br>emergency/lockdown drills was verified<br>during this inspection. |
|-------------------------------------|---------------------|---|
| Rule                                | Status              | Decumenting Statement(s) If applicable  |
| 5101:2-12-17 Materials and          | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Equipment                           | compliant           |   |
| Equipment                           |                     |   |
| 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           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Approval      | Compliant           |   |
|                                     |                     |   |
| Dula                                | Chature             |   |
| Rule<br>5101:2-12-02 License Posted | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-02 License Posted         | Compliant           |   |
|                                     | I                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Space          | Compliant           |   |
| Requirements                        |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-19 Supervision            | Compliant           |   |
|                                     | I                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-02 Current Information    | Compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Schedule         | Compliant           | Documenting statement(s), it applicable   |
|                                     | compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-20 Cots and Napping       | Compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-15 Child Medical and      | Compliant           |   |
| Enrollment Records                  |                     |   |
|                                     | 1                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable   |



| Status<br>Compliant                   | Documenting Statement(s), If applicable<br>Documenting Statement: The program  |
|---------------------------------------|--|
|                                       |  |
| Compliant                             | Documenting Statement: The program   |
|                                       |  |
|                                       | had current information on the medical   |
|                                       | status and the required treatment plan   |
|                                       | for the children with health conditions.   |
|                                       |  |
| Status                                | Decumenting Statement(s) If employed   |
|                                       | Documenting Statement(s), If applicable  |
| Compliant                             |  |
|                                       |  |
| Status                                | Documenting Statement(s), If applicable  |
|                                       |  |
| p                                     |  |
|                                       |  |
|                                       | 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                             |  |
|                                       |  |
| Chathar                               |  |
|                                       | Documenting Statement(s), If applicable  |
| Compliant                             |  |
|                                       |  |
| Status                                | Documenting Statement(s), If applicable  |
| Compliant                             | Documenting Statement: Child Care Staff  |
|                                       | Members were observed recording the  |
|                                       | attendance for each child upon arrival   |
|                                       | and documenting each child's departure.  |
|                                       |  |
| Chabura                               |  |
|                                       | Documenting Statement(s), If applicable  |
| Compliant                             |  |
| · · · · · · · · · · · · · · · · · · · |  |
| Status                                | Documenting Statement(s), If applicable  |
|                                       | Compliant    Status   Compliant   Status   Compliant   Status   Compliant   Status   Compliant   Status   Compliant   Status   Compliant   Status   Compliant   Status   Compliant   Status   Compliant   Status   Compliant   Status   Compliant   Status   Compliant |



Department of Education Department of Job and Family Services

| 5101:2-12-18 Ratio                 | Compliant |   |
|------------------------------------|-----------|---|
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication            | Compliant |   |
| Administration and Food Supplement | s         |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check      | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection            | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
| 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 |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |