

# **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 Det                       | ails            |                      |
|---|-----------------------------------|-----------------|----------------------|
| Program Name                                      | Program Number                    |                 | Program Type         |
| YMCA Project SAFE                                 | 2190020556                        |                 | Child Care Center    |
| Address<br>1102 Pursell Avenue Dayton<br>OH 45420 |                                   |                 | County<br>MONTGOMERY |
| Building Approval Date                            | Use Group/Code<br>School Building | Occupancy Limit | Maximum Under 2 ½    |
| Fire Inspection Approval Date                     | Food Service Risk L<br>Exempt     | evel            | ·                    |

|                            | Inspection Information         |                   |                   |              |  |
|----------------------------|--------------------------------|-------------------|-------------------|--------------|--|
| Inspection Type<br>Annual  | Inspection So                  | cope              | Inspection Notice |              |  |
|                            | Full                           |                   | Unannounced       |              |  |
| Inspection Date 10/11/2022 | Begin Time 2                   | 1:15 PM           | End Time 3:40 PM  |              |  |
| Reviewer:<br>BRENDA MEYER  |                                |                   |                   |              |  |
| DIVENDA WIETER             |                                |                   |                   |              |  |
|                            | Sur                            | mmary of Findings |                   |              |  |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk  | No. Moderate Risk | No. Low Risk |  |
| 58                         | 7                              | 0                 | 0                 | 7            |  |

| 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          | 54        | 54    |
| Total Capacity/Enrollment                                 | 273              | 0          | 54        | 54    |

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

| blue   | School-Age to < 11 years | 2 to 18 |  |
|--------|--------------------------|---------|--|
| blue   | School-Age to < 11 years | 2 to 17 |  |
| Green  | School-Age to < 11 years | 1 to 9  |  |
| Green  | School-Age to < 11 years | 1 to 9  |  |
| Purple | School-Age to < 11 years | 2 to 11 |  |
| Purple | School-Age to < 11 years | 2 to 11 |  |

# **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances   |
|--|
| No Serious Risk Non-Compliances were observed during this inspection   |
| The serious hisk from compliances were asserved during this mispection |
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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**

**Domain: 04 Indoor/Outdoor Space** 

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

Code: 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 areas and equipment had not been completed and documented as required, using the JFS 01281 "Child Care Playground Inspection Report" form. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/13/2022

#### 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 2 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: 11/13/2022

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection

Code: The program is required to have staff complete the online staff orientation training.

<u>Finding</u>: In review of the staff records, it was determined that child care staff members had not completed the online orientation training as noted in number 1 below:

- 1. Within 30 days of starting employment at the program as a child care staff member.
- 2. No documentation of completing the training after December 31, 2016.
- 3. Completion of the training was not verified in the OPR.

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

Corrective Action Plan Due: 11/13/2022

#### **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 1 below:

- 1. The child care staff members 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: 11/13/2022

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

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements



<u>Code</u>: The program staff is required to have educational verification on file at the program or in the Ohio Professional Registry.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file nor verified in the Ohio Professional Registry for Child Care Staff Members listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/13/2022

**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 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: 11/13/2022

**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: 11/13/2022

## **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                     |           |   |
|                                  |           |   |



| - 1                                    | 1-        | 1   |
|--|-----------|---|
| 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 Food Service              | Compliant |   |
| Requirements                           | ·         |   |
| ,                                      | 1         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-05 Denial, Revocation and    | Compliant | bocamenting statement(s), it applicable       |
| Suspension                             | Compilant |   |
| Suspension                             |           |   |
| D. J.                                  | Chahara   | Decree ation (that we said a) If a subject to |
| Rule                                   | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-07 Administrator             | Compliant |   |
| Qualifications                         |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-07 Administrator             | Compliant |   |
| Responsibilities/Requirements          |           |   |
| · · ·                                  | 1         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-07 Written Program           | Compliant |   |
| Policies and Procedures                | Compilant |   |
| Tolicles and Flocedures                |           |   |
| Dulo                                   | Ctatus    | Decumenting Statement/s) If applicable        |
| Rule                                   | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-09 Background Check          | Compliant |   |
| Requirements                           |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-11 Indoor Space              | Compliant |   |
| Requirements                           |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-11 Separation of Children    | Compliant |   |
| Under 2 1/2 Years                      | · ·       |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-11 Outdoor Play Equipment    | Compliant | became ting statement(s), it applicable       |
| 3101.2-12-11 Outuooi riay equipilielit | Compliant |   |
|  | 1         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable       |
|  |           | bocamenting statement(s), it applicable       |
| 5101:2-12-11 Outdoor Play Fall Zones   | Compliant |   |
|  | 1         |   |
| Dide                                   | Chahira   | Description Chateman (1-) If a villable       |
| Rule                                   | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-12 Safe Equipment            | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable       |

| Deglirrang:                          |           | -                                       |
|--------------------------------------|-----------|---|
| 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 |
| 5101:2-12-13 Handwashing             | Compliant |   |
| Requirements                         |           |   |
| Requirements                         |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free              |           | Documenting statement(s), if applicable |
|                                      | Compliant |   |
| Environment                          |           |   |
|                                      |           |   |
| 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. |
|                                      |           |   |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of   |
| Enrollment Records                   | ·         | the inspection, medical statements for  |
|                                      |           | the children were not needed as all     |
|                                      |           | children enrolled attended a grade of   |
|                                      |           | kindergarten or above in an elementary  |
|                                      |           | school.                                 |
|                                      |           | SCHOOL.                                 |
|                                      |           |   |
| Pule                                 | Ctatus    | Decumenting Statement(s) If applicable  |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care   | Compliant |   |
| Plans                                |           |   |
|                                      |           |   |
| 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 First Aid/Standard      | Compliant |   |
| Precautions                          |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of           | Compliant | Socumenting statement(s), it applicable |
| _                                    | Compliant |   |
| Communicable Disease                 |           |   |
|                                      | 1.        |   |
| 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 |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule        | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(c) If applicable  |
| 5101:2-12-17 Materials and         | Compliant | Documenting Statement(s), If applicable |
| Equipment                          | Compliant |   |
| Equipment                          |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play    | Compliant | Bocamenting statement(3), if applicable |
| STOTIZE 12 17 Bully GutuGOT Flay   | 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 Ratio                 | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size            | Compliant | Bocumenting Statement(3), if applicable |
| 3101.2-12-18 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 |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance        | Compliant | bocumenting statement(s), it applicable |
| 3101.2 12 13 Cilila Galdance       | Compliant |   |
|                                    | <u> </u>  | 1                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping      | Compliant |   |
| 3                                  | ,         |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |



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