

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 Det | ails | |
|---|-----------------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| David YMCA Summer Day Camp | 2200021318 | | Child Care Center |
| Address 7600 Fulton Dr. NW Massillon OH 44646 | | | County STARK |
| Building Approval Date | Use Group/Code School Building | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| | Exempt | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 07/06/2021 | Begin Time 9 | :00 AM | End Time 2:11 PM | |
| Reviewer: | | | | |
| AQILA BROWN | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 4 | 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) | | 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 | | 159 | 0 | 159 |
| Total Capacity/Enrollment | 279 | 159 | 0 | 159 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|---------------------------|----------------|----------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Explorers 1 | 5 years to < Kindergarten | 2 to 14 | AM Snack |

| Explorers 1 | 5 years to < Kindergarten | 2 to 14 | Outdoor Play |
|----------------|---------------------------|---------|------------------|
| Explorers 2 | School-Age to < 11 years | 3 to 20 | AM Snack |
| Explorers 2 | School-Age to < 11 years | 3 to 20 | Outdoor Play |
| Trailblazers 1 | School-Age to < 11 years | 2 to 17 | AM Snack |
| Trailblazers 1 | School-Age to < 11 years | 2 to 17 | Outdoor Play |
| Trailblazers 2 | School-Age to < 11 years | 3 to 22 | Outdoor Activity |
| Trailblazers 2 | School-Age to < 11 years | 3 to 22 | AM Snack |
| Rangers | School-Age to < 11 years | 1 to 14 | Outdoors |
| Rangers | School-Age to < 11 years | 2 to 14 | AM Snack |

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

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have the information listed in rule on all attendance records.

<u>Finding</u>: During the inspection, it was determined that the attendance records did not include the required information listed in number 4 below:

1. The name of the child.

- 2. The birth date of the child.
- The assigned group.
- 4. The child's weekly schedule.
- 5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.

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

Corrective Action Plan Due: 08/05/2021

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Sanitary Equipment and Environment

<u>Code</u>: The program is required to provide a clean restroom with the appropriate materials available.

<u>Finding</u>: During the inspection, it was determined that unsanitary conditions, as noted in number 6 below, were in the boys' (1st level) restroom:

- 1. There was no liquid soap.
- 2. There was no toilet paper.
- 3. There were no paper towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilets were not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other [].

The restroom(s) must be kept sanitary at all times. 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: 5101:2-12-10 Professional Development Requirements

Code: The program staff is required to obtain at least 6 hours of professional development annually.

<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 member(s) had not completed at least 6 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. Other [].

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

Corrective Action Plan Due: 08/05/2021

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed within the previous 12 months from the employee's first day of employment.

<u>Finding</u>: In review of the staff records, it was determined that medical examination statement on file at the program were not dated within 12 months of the employee's first day of employment, for the employee(s) listed on the Employee Record Chart. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/05/2021

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 4a.

- 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: 08/05/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|--|
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The program had on file nutritional information that was to be provided to parents. |
| | | was to be provided to parents. |

| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: Snacks served at |
|--------------------------------------|-----------|---|
| | Compliant | _ |
| Requirements | | the program included foods from two of |
| | | the four food groups and provided |
| | | nutritional value in addition to calories. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing | Compliant | Documenting Statement: Staff and |
| Requirements | Compilant | children were observed washing hands as |
| Requirements | | required by the rule. |
| | | required by the rule. |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Approval | Compliant | Documenting Statement: This program |
| | | serves only school age children in a public |
| | | or chartered non-public school building. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | | "Communicable Disease Chart" was |
| | | posted and was readily available to staff |
| | | and parents. |
| | | |
| | | |
| 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. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The new |
| Qualifications | Compliant | _ |
| Qualifications | | administrator, who qualifies with two |
| | | years of experience as a Child Care Staff |
| | | Member and has a career pathways level |
| | | of one, has until 12/20/21 to submit |
| | | documentation to ODJFS that a career |
| | | pathways level two has been obtained. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | Documenting Statement(s), if applicable |
| Educational Requirements | Compnant | |
| Luucationai nequirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Compliant | , , , , , , , , , , , , , , , , , , , |
| Requirements | | |
| • | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |

| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's |
|---------------------------------------|---------------------|--|
| Plan | | written disaster plan was reviewed during the inspection and met the requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Compliant | 2 comments of contract of the |
| Safety Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food License | Compliant | g control of the second of the |
| | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate |
| | | child guidance techniques and practices |
| | | were observed being used during the |
| | | inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, 3 first aid kits were reviewed and available as required. |
| | | and available as required. |
| Dula | Chahua | Described Chatamagnt/s) If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The protective |
| Zones | Compliant | material used under outdoor equipment |
| Zones | | was not required due to there is no |
| | | equipment requiring a fall surface. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | , |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Safe Food | Compliant | Documenting Statement: Sack lunches |
| Handling/Storage | | were stored in individual containers with |
| | | ice packs. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | | have been made to the written policies |

| | | and procedures since it was last approved |
|--------------------------------------|-----------|--|
| | | by this Department. |
| | | |
| 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 |
| | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | Joseph Market Ma |
| STOTIE IT IT OUTGOO! Hay Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building Approval | Compliant | Documenting Statement: This program |
| | | serves only school age children in a public |
| | | or chartered non-public school building. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The outdoor |
| Requirements | | play area is separated from traffic and |
| | | other hazards by natural barriers. |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | 33 | playground inspections were completed |
| | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 6/1/21. |
| | | |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: Shade is |
| Requirements | | provided by means of awning. |

| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------------------------|--|
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: During the |
| | | inspection, child care staff were observed |
| | | meeting the basic needs of all children |
| | | assigned to the group. |
| | | |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: School children |
| ' | · ' | were observed running errands, using the |
| | | restroom, or engaging in short term |
| | | activities under proper supervision. |
| | | activities under proper supervision. |
| | | |
| Pulo | Status | Documenting Statement(s) If applicable |
| Rule 5101:2-12-02 Current Information | | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current information | Compliant | |
| <u> </u> | <u> </u> | <u>I</u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| 3101.2 12 17 bully selfcudic | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Compliant | <u> </u> |
| Enrollment Records | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | 0 to 10 to 1 |
| | | |
| | | · |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable Documenting Statement: The program |
| Rule: 5101:2-12-15 Medical/Physical | Status Compliant | Documenting Statement: The program |
| | | Documenting Statement: The program had current information on the medical |
| Rule: 5101:2-12-15 Medical/Physical | | Documenting Statement: The program had current information on the medical status and the required treatment plan |
| Rule: 5101:2-12-15 Medical/Physical | | Documenting Statement: The program had current information on the medical |
| Rule: 5101:2-12-15 Medical/Physical | | Documenting Statement: The program had current information on the medical status and the required treatment plan |
| Rule: 5101:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |
| Rule: 5101:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan |
| Rule: 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-08 Orientation and Staff | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |
| Rule: 5101:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |
| Rule: 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-08 Orientation and Staff Records | Compliant Status Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-08 Orientation and Staff Records Rule | Status Compliant Status Status | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-08 Orientation and Staff Records Rule Rule: 5101:2-12-10 Health Training | Compliant Status Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. Documenting Statement(s), If applicable Documenting Statement: The program |
| Rule: 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-08 Orientation and Staff Records Rule | Status Compliant Status Status | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member |
| Rule: 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-08 Orientation and Staff Records Rule Rule: 5101:2-12-10 Health Training | Status Compliant Status Status | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, |
| Rule: 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-08 Orientation and Staff Records Rule Rule: 5101:2-12-10 Health Training | Status Compliant Status Status | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member |
| Rule: 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-08 Orientation and Staff Records Rule Rule: 5101:2-12-10 Health Training | Status Compliant Status Status | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, |
| Rule: 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-08 Orientation and Staff Records Rule Rule: 5101:2-12-10 Health Training | Status Compliant Status Status | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present |
| Rule: 5101:2-12-15 Medical/Physical Care Plans Rule 5101:2-12-08 Orientation and Staff Records Rule Rule: 5101:2-12-10 Health Training | Status Compliant Status Status | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|--------------------|---|
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: The indoor |
| | | temperature of the program during the |
| | | inspection was comfortable and met rule |
| | | compliance. |
| | | , i |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: Requirements |
| Field Trip Procedures | | regarding routine and/or field trips were |
| | | discussed during the inspection. |
| | | |
| Rule: 5101:2-12-14 Transportation and | Compliant | Documenting Statement: The form used |
| Field Trip Procedures | | by the program for routine and/or field |
| | | trips were verified to meet the |
| | | requirements of the rule. |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: The JFS 01299 |
| Reporting | | "Incident/Injury Report For Child Care" |
| | | forms reviewed during this inspection |
| | | were complete as required. |
| | | |
| 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 | Compilant | the inspection, the complete prescribed |
| and deficial Efficiacity Fian | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | posted in the program as required. |
| <u> </u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| | 2 - 11 - 1 - 1 - 1 | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| Rule: 5101:2-12-25 Medication Administration and Food Supplements | Compliant | Documenting Statement: The program had complete written documentation for administering medication or food supplements. |
|---|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check Requirements | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection Requirements | Compliant | a continue de cont |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator Responsibilities/Requirements | Compliant | Social Control of the |
| | | |