

## **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 Details                     |                         |                 |                   |  |
|-------------------------------------|-------------------------|-----------------|-------------------|--|
| Program Name                        | Program Number          |                 | Program Type      |  |
| FIRESTONE PARK YMCA / WINDEMERE CLC | 000000100088            |                 | Child Care Center |  |
|                                     |                         |                 |                   |  |
| Address                             |                         |                 | County            |  |
| 2283 WINDEMERE AVE AKRON            |                         |                 | SUMMIT            |  |
| ОН                                  |                         |                 |                   |  |
| 44312                               |                         |                 |                   |  |
|                                     |                         |                 |                   |  |
| Building Approval Date              | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
|                                     | School Building         | 4.5             |                   |  |
| Fire Inspection Approval Date       | Food Service Risk Level |                 |                   |  |
| 08/25/2016                          | Exempt                  |                 |                   |  |

|                    | Inspection Information         |                  |                   |              |  |
|--------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type    | Inspection So                  | соре             | Inspection Notice |              |  |
| Annual             | Full                           |                  | Unannounced       |              |  |
| Inspection Date    | Begin Time                     |                  | End Time          |              |  |
| 10/08/2024         | 2:30 PM 4:02 PM                |                  |                   |              |  |
| Reviewer:          |                                |                  |                   |              |  |
| AQILA BROWN        | AQILA BROWN                    |                  |                   |              |  |
|                    | Summary of Findings            |                  |                   |              |  |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 58                 | 4                              | 0                | 0                 | 4            |  |

| 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          | 11        | 11    |
| Total Capacity/Enrollment                                 | 36               | 0          | 11        | 11    |

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



| School Age | School-Age to < 11 years | 2 to 10 | Arrival      |
|------------|--------------------------|---------|--------------|
| School Age | School-Age to < 11 years | 2 to 10 | Snack        |
| School Age | School-Age to < 11 years | 2 to 9  | Outdoor Play |

## **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  |  |  |
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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: 00 License & Approvals

Rule: 5101:2-12-02 License Posted

Code: The rule requires the license to be visible to parents at all times.

<u>Finding</u>: During the inspection, it was determined the program's license was not in a location visible to parents as required. 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: 04 Indoor/Outdoor Space

Rule: 5101:2-12-11 Outdoor Play Equipment

<u>Code</u>: The program is required to provide equipment that does not pose a safety risk and must follow the manufacturer's guidelines for assembling, installing and using the equipment.

<u>Finding</u>: During the inspection, it was determined that outdoor play equipment was unsafe or not used as intended as noted in number 5 below:

- 1. There was rust exposed.
- 2. There were protruding bolts.
- 3. There were cracks.
- 4. There were holes.
- 5. There was splintering wood.
- 6. There were sharp edges or points.
- 7. There were lead hazards.
- 8. There were toxic substances.
- 9. There were tripping hazards.
- 10. There was chipped and/or peeling paint.
- 11. The sandbox was not covered when the program was closed or during non-daylight hours.
- 12. Outdoor equipment, [ ] was not developmentally appropriate.
- 13. Outdoor equipment, [ ], was placed in the main traffic pattern.
- 14. Outdoor play equipment, [ ], was positioned too closely together, posing a risk of injury if a child were to fall from one piece of equipment into another.
- 15. Outdoor equipment, [ ], was not securely anchored but did not present a risk of imminent danger of the structure collapsing when children are using the equipment
- 16. Outdoor equipment, [ ], was 30 inches or more from the ground and did not have a protective barrier that would prevent a child from falling off this piece of equipment.
- 17. The manufacturer's guidelines for assembly and installation were not followed for the [ ].
- 18. Functionally linked equipment was used by preschool-age children and the distance between two adjacent pieces of equipment exceeded 12 inches.
- 19. Functionally linked equipment was used by school-age children and the distance between two adjacent pieces of equipment exceeded 18 inches.



20. Other [ ].

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

Corrective Action Plan Due: 11/07/2024

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number 1 below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies 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);
- 6. Tuberculosis (TB) screening/test information was missing:
- 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 6a.
- 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: 11/07/2024



Domain: 09 Children's Files

Rule: 5101:2-12-25 Medication Administration

<u>Code</u>: The program is required to remove all medication, medical foods and topical products that are no longer being administered or have expired. The program is also required to maintain current documentation to administer medications, medical foods and topical products.

<u>Finding</u>: During the inspection, it was determined that medication, medical foods and/or topical products did not meet the requirements for administering medication, medical foods, and/or medical products as noted in number 3 below:

- 1. The medication, medical food, or topical product was no longer needed and had not been removed from the program.
- 2. The medication, medical food, or topical product had expired and had not been removed from the program.
- 3. The prescription label had expired.

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

Corrective Action Plan Due: 11/07/2024

## Rules In-Compliance/Not Verified

| 5                                |           |   |
|----------------------------------|-----------|---|
| Rule                             | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-02 Current Information | Compliant |   |
|                                  |           |   |
|                                  | 2         |   |
| Rule                             | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-03 Inspection          | Compliant |   |
| Requirements                     |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-04 Building      | Compliant | Documenting Statement: This program         |
| Department Inspection            |           | serves only school age children in a public |
|                                  |           | or chartered non-public school building.    |
|                                  |           |   |
| <u> </u>                         | 3         | · · · · · · · · · · · · · · · · · · ·       |



| Rule   | Status   | Documenting Statement(s), If applicable                                     |
|--|--|---|
| Rule: 5101:2-12-04 Fire Inspection   | Compliant  | Documenting Statement: This program   |
|  |  | serves only school age children in a public                                 |
|  |  | or chartered non-public school building.                                    |
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|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-04 Food Service  | Compliant  | Documenting Statement: Written  |
| Requirements   |  | permission to operate under the food  |
|  |  | service license of another entity at the                                    |
|  |  | same location was observed.   |
|  |  | 1   |
| Rule   | Status   | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-07 Administrator   | Compliant  | Documenting Statement: The  |
| Qualifications   |  | administrator has until 2/23/2025 to  |
|  |  | complete the rules review course.   |
|  |  |   |
| Pula   | Chatus   | Decumenting Statement/s) If and itself                                      |
| Rule: 5101:2-12-07 Administrator   | Status<br>Compliant  | Documenting Statement(s), If applicable                                     |
| Wild of Charles Charles Charles Control of Charles Cha | Compliant  | Documenting Statement: The administrator's hours of availability to         |
| Responsibilities/Requirements  |  | 1.2   |
|  |  | meet with parents were posted in a noticeable location.                     |
|  |  | noticeable location.  |
|  | Į.   |   |
| Rule   | Status   | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-07 Written Program   | Compliant  | Documenting Statement: The written  |
| Policies and Procedures  |  | policies and procedures reviewed on the                                     |
|  |  | day of the inspection were verified as                                      |
|  |  | complete.   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable                                     |
| 5101:2-12-08 Orientation Training &  | Compliant  |   |
| Whistle Blower Protection  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-09 Background Check  | Compliant  | Documenting Statement: During the   |
| Requirements   |  | inspection, the required documentation                                      |
|  |  | regarding background checks was on file                                     |
|  |  | for all employees listed.   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable                                     |
|  |  |   |
| Rule: 5101:2-12-10 Health Training   | The same of the sa |   |
| Rule: 5101:2-12-10 Health Training Requirements  | Compliant  | Documenting Statement: The program had at least one Child Care Staff Member |
| Rule: 5101:2-12-10 Health Training<br>Requirements   | The same of the sa | Documenting Statement: The program had at least one Child Care Staff Member |
|  | The same of the sa | Documenting Statement: The program  |



|  |           | CPR, and Child Abuse Prevention present and readily accessible during all hours of |
|--|-----------|--|
|  |           | operation.   |
|  |           | _  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional Development Requirements | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space                          | Compliant | 3 (" 11  |
| Requirements                                       |           |  |
| Rule   | Chabina   | Decumenting Chatemant (a) If a willing his   |
| Rule: 5101:2-12-11 Outdoor Space                   | Status    | Documenting Statement(s), If applicable  Documenting Statement: The outdoor        |
| Requirements                                       | Compliant | play area is separated from traffic and  |
| Requirements                                       |           | other hazards by a fence.  |
|  |           | other nazaras sy a reflect   |
| Rule: 5101:2-12-11 Outdoor Space                   | Compliant | Documenting Statement: The quarterly   |
| Requirements                                       |           | playground inspections were completed  |
|  |           | and documented, as required. The most  |
|  |           | recent inspection report form was dated  |
|  |           | 9/5/2024.  |
|  | ŀ         |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Play Fall               | Compliant | Documenting Statement: The protective  |
| Zones  |           | material used under outdoor equipment  |
|  |           | was mulch.   |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment                        | Compliant |  |
|  |           |  |
| 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.   |
|  | 1         |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Sanitary                        | Compliant | Documenting Statement: During the  |
| Equipment and Environment                          |           | inspection, the equipment was observed   |
|  |           | clean and in good repair.  |
|  |           |  |



| 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                                     |
| Security Decrementations              |           | required by the rule.   |
|                                       |           | in the Displace and the Company of Spanish                                  |
|                                       |           |   |
| 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                                     |
| 5101:2-12-15 Child Medical and        | Compliant |   |
| Enrollment Records                    |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-15 Medical/Physical   | Compliant | Documenting Statement(s), if applicable  Documenting Statement: The program |
| Care Plans                            | Compilant | had current information on the medical                                      |
| Care Fidils                           |           | status and the required treatment plan                                      |
|                                       |           | for the children with health conditions.                                    |
|                                       |           | for the children with health conditions.                                    |
|                                       |           |   |
| 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.  |
|                                       | Ļ         |   |
| 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.   |
|                                       | L         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the   |
| Precautions                           | <i>"</i>  | inspection, the program had complete  |
|                                       |           | first aid kits available as required.                                       |
|                                       | ļ         |   |
| 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.  |
|                                       | 1         |   |



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|---------------------------------------|-----------|---|
|                                       |           |   |
|                                       |           |   |
| 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: 5101:2-12-17 Daily Schedule     | Compliant | Documenting Statement: Daily schedules    |
|                                       |           | were observed posted.                     |
|                                       |           | , , , , , , , , , , , , , , , ,           |
| ,                                     | h         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and      | Compliant | Documenting Statement: Sufficient         |
| Equipment                             | Compilant | equipment was observed in all categories. |
| Equipment                             |           | equipment was observed in all categories. |
| L                                     | I .       |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play       |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compilant |   |
|                                       |           | was observed for the school age group.    |
|                                       | 1         |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity         | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Ratio              | Compliant | Documenting Statement: Staff/child        |
|                                       |           | ratios observed during the inspection     |
|                                       |           | were in compliance.                       |
|                                       |           |   |
|                                       |           |   |
| 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: During the         |
| Records                               |           | inspection, attendance records were       |
|                                       |           | reviewed. Child Care Staff Members were   |
|                                       |           | viewed recording the attendance for each  |
|                                       |           | child upon arrival and departure. All     |
|                                       |           | attendance records met the requirements   |
|                                       |           | of the rule and were kept with the group  |
|                                       |           | at all times.                             |
|                                       |           | at all tillies.                           |
|                                       | I         |   |
| Rule                                  | Status    | Decumenting Statement(s) If annice his    |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |



| 5101:2-12-19 Supervision   | Compliant |  |
|--|-----------|--|
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| 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  |
| Rule: 5101:2-12-22 Meal and Snack  | Compliant | Documenting Statement: The program   |
| Requirements   |           | served the following: Breakfast fruit bars   |
|  |           | and 100% fruit juice.  |
|  |           |  |
| 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: 5101:2-12-08 Child Care Staff  | Compliant | Documenting Statement: All Child Care  |
| Member Educational Requirements  |           | Staff Members had verification of  |
| The state of the s |           | educational requirements on file at the  |
|  |           | program.   |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Written Disaster  | Compliant | Documenting Statement: Annual training   |
| Plan   | Jamphanic | of the written disaster plan was   |
|  |           | completed by staff.  |
|  |           | .,   |
|  |           |  |