

# **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                      | ails            |                   |
|---|-----------------------------------|-----------------|-------------------|
| Program Name                                      | Program Number                    |                 | Program Type      |
| YMCA Of Western Stark County Genoa Site           | 000000100203                      |                 | Child Care Center |
| Address<br>519 GENOA AVE SW MASSILLON<br>OH 44646 |                                   |                 | County<br>STARK   |
| Building Approval Date                            | Use Group/Code<br>School Building | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date                     | Food Service Risk L<br>Level III  | evel            |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 09/14/2023 | Begin Time 7                   | :35 AM           | End Time 9:26 AM  |              |
| Reviewer:<br>MICHELE FAKAN |                                |                  |                   |              |
|                            |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 3                              | 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  |                  | 0          | 32        | 32    |
| Total Capacity/Enrollment                                 | 36               | 0          | 32        | 32    |

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



| school age | School-Age to < 11 years | 1 to 21 |  |
|------------|--------------------------|---------|--|
| school age | School-Age to < 11 years | 1 to 21 |  |

## **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  |  |  |
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### **Domain: 03 Postings & Equipment**

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency

Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number 2 below:

- 1. The plan was not posted in each classroom.
- 2. The plan was not posted in other spaces used by children.
- 3. The name, address and telephone number of the program were not complete.
- 4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.
- 6. Location of children's records was not complete.
- 7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
- 8. The current version of the prescribed form was not used.
- 9. The plan was not implemented when necessary in that [ ].

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

Corrective Action Plan Due: 10/14/2023

#### **Domain: 03 Postings & Equipment**

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

<u>Code</u>: The program is required to have the JFS 01201 "Dental First Aid" posted in a readily available area at the program.

<u>Finding</u>: During the inspection it was determined that the current JFS 01201 "Dental First Aid" was not posted in a location readily available to center staff and 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: 05 Health & Safety

Rule: 5101:2-12-16 Management of Communicable Disease

Code: The program is required to post the JFS 08087 "Ohio Communicable Disease Chart".

<u>Finding</u>: During the inspection, it was determined that the JFS 08087 "Ohio Communicable Disease Chart" was not posted as required, as indicated in number 2 below:

- 1. The chart was not posted.
- 2. In a location readily available to program staff and parents.
- 3. The posted chart was not the current version, and the Child Care Manual Procedural Letter No. 159 was not attached.
- 4. The posted chart was not displayed in the size available in the ODJFS forms central to be easily read.

Technical assistance was provided at the time of 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 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 numbers 3, 4, 5, and 6 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: 10/14/2023

<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 numbers 3, 4, 5, and 6 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: 10/14/2023

**Domain: 08 Staff Files** 

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to maintain a staff schedule with coverage of the required health trainings.

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in numbers 4 and 5 below:

- 1. First Aid child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 2. First Aid child care staff members scheduled during the hours of [ ] and [ ] did not have verification of completion of First Aid
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. CPR child care staff members scheduled during the hours of 6:30 am- 9 am and 3pm-6pm had expired training
- 5. CPR child care staff scheduled during the hours of 6:30 am-9 am and 3pm-6pm had did not have verification of completion of CPR
- 6. CPR trained child care staff member was not present in each building used by children
- 7. CPR training taken by staff was not appropriate for all ages and developmental levels of the children in care
- 8. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 9. Communicable Disease child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 10. Communicable Disease child care staff scheduled during the hours of [ ] and [ ] had not taken Communicable Disease training
- 11. Communicable Disease trained child care staff member was not present in each building used by the program
- 12. Child Abuse child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 13. Child Abuse child care staff scheduled during the hours of [ ] and [ ] had not taken Child Abuse training
- 14. Child Abuse trained child care staff was not in each building used by the program

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/14/2023

<u>Finding</u>: In review of the staff records, it was determined the program did not have at least one child care staff member present/scheduled to be present during all hours of operation with currently valid documentation for the training(s) listed in numbers 4 and 5 below:

- 1. First Aid child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 2. First Aid child care staff members scheduled during the hours of [ ] and [ ] did not have verification of completion of First Aid
- 3. First Aid trained child care staff member was not present in each building used by the program.
- 4. CPR child care staff members scheduled during the hours of 6:30 am- 9 am and 3pm-6pm had expired training
- 5. CPR child care staff scheduled during the hours of 6:30 am-9 am and 3pm-6pm had did not have verification of completion of CPR
- 6. CPR trained child care staff member was not present in each building used by children
- 7. CPR training taken by staff was not appropriate for all ages and developmental levels of the children in care
- 8. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 9. Communicable Disease child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 10. Communicable Disease child care staff scheduled during the hours of [ ] and [ ] had not taken Communicable Disease training
- 11. Communicable Disease trained child care staff member was not present in each building used by the program
- 12. Child Abuse child care staff members scheduled during the hours of [ ] and [ ] had expired training
- 13. Child Abuse child care staff scheduled during the hours of [ ] and [ ] had not taken Child Abuse training
- 14. Child Abuse trained child care staff was not in each building used by the program

Refer to the Employee Record Chart for specific details. Submit the program's corrective action plan, which includes verification of complete coverage for any training listed, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/14/2023

## **Rules In-Compliance/Not Verified**

| Status    | Documenting Statement(s), If applicable  |
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| Status    | Documenting Statement(s), If applicable  |
|           | Documenting Statement: This program  |
| Compliant | serves only school age children in a public  |
|           | or chartered non-public school building.   |
|           | or chartered non-public school ballating.  |
|           |  |
| Status    | Documenting Statement(s), If applicable  |
|           | Documenting Statement: This program  |
| Compilant | serves only school age children in a public  |
|           | or chartered non-public school building.   |
|           | or chartered non-public school building.   |
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|---------------------------------------|---------------|--|
| 5101:2-12-08 Orientation Training &   | Compliant     |  |
| Whistle Blower Protection             |               |  |
|                                       |               |  |
| Rule                                  | Status        | Decumenting Statement(s) If applicable   |
|                                       |               | Documenting Statement(s), If applicable  |
| 5101:2-12-09 Background Check         | Compliant     |  |
| Requirements                          |               |  |
|                                       |               |  |
| Rule                                  | Ctatus        | Decumenting Statement(s) If applicable   |
|                                       | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional             | Compliant     |  |
| Development Requirements              |               |  |
| ·                                     |               |  |
| Rule                                  | Status        | Documenting Statement(s) If applicable   |
|                                       |               | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space             | Compliant     |  |
| Requirements                          |               |  |
|                                       | •             | •  |
| Rule                                  | Status        | Decumenting Statement/s) If applicable   |
|                                       | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space            | Compliant     |  |
| Requirements                          |               |  |
| <u> </u>                              | •             | •  |
| Rule                                  | Chahua        | Decumenting Statement(s) If applicable   |
|                                       | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment   | Compliant     |  |
|                                       |               |  |
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| Rule                                  | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones  |               | bootinenting statement(s), it applicable |
| 3101.2-12-11 Outdoor Play Fail Zoiles | Compliant     |  |
|                                       |               |  |
|                                       |               |  |
| Rule                                  | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment           | Compliant     |  |
|                                       | - Compilation |  |
|                                       | <u> </u>      |  |
|                                       |               |  |
| Rule                                  | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment         | Compliant     |  |
|                                       |               |  |
|                                       | •             |  |
| Rule                                  | Status        | Documenting Statement(s) If applicable   |
|                                       |               | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Sanitary Equipment and   | Compliant     |  |
| Environment                           |               |  |
|                                       | ·             |  |
| Pulo                                  | Status        | Documenting Statement(s) If applicable   |
| Rule                                  |               | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing              | Compliant     |  |
| Requirements                          |               |  |
|                                       | ·             |  |
| Dulo                                  | Ctatus        | Desumenting Statement/s) If and inchis   |
| Rule                                  | Status        | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free               | Compliant     |  |
| Environment                           |               |  |
|                                       | <u> </u>      |  |
|                                       |               |  |
| Rule                                  | Status        | Documenting Statement(s), If applicable  |

| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Compliant           | Documenting Statement: At the time of 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. |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-15 Medical/Physical<br>Care Plans       | Compliant           | Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions.  |
| Pulo  | Ctatus              | Decumenting Statement(s) If applicable  |
| Rule 5101:2-12-16 Emergency Drills                      | Status<br>Compliant | Documenting Statement(s), If applicable   |
| 5101.2-12-10 Lineigency Dinis                           | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-16 First Aid/Standard                         | Compliant           | botamenting statement(s), it approads   |
| Precautions   |                     |   |
| 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           |   |
| Dula  | Chahua              | Decomposition Chate we satisfy if a wall-a-late   |
| Rule 5101:2-12-17 Materials and                         | Status Compliant    | Documenting Statement(s), If applicable   |
| Equipment   | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play                         | Compliant           | Documenting Statement(s), if applicable   |
| STOTIZ TZ T/ Suny Gutdoor 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           |   |

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|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size              | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records      | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
| 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   |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack          | Compliant   |   |
| Requirements                         |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant   | -                                       |
| ·                                    | •           |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant   |   |
| Handling/Storage                     |             |   |
| <u> </u>                             | 1           | 1                                       |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Compliant   |   |
| Administration                       | Compilation |   |
| Administration                       |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member |             | Documenting statement(s), if applicable |
|                                      | Compliant   |   |
| Educational Requirements             |             |   |
|                                      |             |   |
|                                      |             |   |