

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 Deta | ils | | |
|--------------------------------------|----------------------|-----------------|------------|--------------------|
| Program Name | Program Number | | Progra | am Type |
| FIRESTONE PARK YMCA / BETTY JANE CLC | 000000105577 | | Child | Care Center |
| | | | | |
| Address | | | Count | ty |
| 444 DARROW ROAD AKRON | | | SUMN | MIT |
| ОН | | | | |
| 44305 | | | | |
| | | | <i>t</i> . | |
| Building Approval Date | Use Group/Code | Occupancy Limit | N | /laximum Under 2 ½ |
| | | | | |
| Fire Inspection Approval Date | Food Service Risk Le | evel | | |
| | Exempt | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 09/09/2024 | 2:45 PM | 2:45 PM | | | |
| Reviewer: | 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 | 2 | 0 | |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|-----------------------------------------------------------|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 0 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 9 | 9 |
| Total Capacity/Enrollment | 36 | 0 | 9 | 9 |

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



| School Age | School-Age to < 11 years | 1 to 8 | No second staff |
|------------|--------------------------|--------|---------------------|
| | | | person onsite at |
| | | | arrival, 8 children |
| | | | present. |
| School Age | School-Age to < 11 years | 1 to 7 | Activity |
| *** | | | No second staff |
| | | | person |

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

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

<u>Code</u>: The program is required to have a second employee present, and used based on the qualifications they

meet, when seven or more children are present.

<u>Finding</u>: During the inspection, it was determined that the program did not meet the rule requirement as noted in number 1 below:

- The program did not have a second employee or Child Care Staff Member present when required;
- 2. The program was using a second Child Care Staff Member who was not able to meet this criteria as defined in the rule.

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



Corrective Action Plan Due: 10/09/2024

Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

<u>Code</u>: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

<u>Finding</u>: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in numbers 5, 6 and 22 below:

1. No plan was on file.

(Page 1)

- 2. Child's name was missing.
- 3. Name of the condition was missing.
- 4. Indication if medication or medical food is required was missing.
- 5. Signs, symptoms or situations that require staff to take action were missing.
- 6. Activities, foods, environmental conditions to avoid were missing.
- 7. Training instructions for procedures for staff to follow were missing or incomplete. (Page 2)
- 8. Child's name was missing or not attached.
- 9. Child's date of birth was missing or not attached.
- 10. Child's weight was missing or not attached.
- 11. Name of the medication/medical food was missing or not attached.
- 12. Dosage of medication/medical food to be administered was missing or not attached.
- 13. Time for medication/medical food to be administered was missing or not attached.
- 14. Expiration date for medication/medical food was missing or not attached.
- 15. Symptoms that require staff to administer medication/medical food were missing or not attached.
- 16. Specific instructions to administer the medication/medical food were missing or not attached.
- 17. Actions to be taken if the symptoms do not subside were missing or not attached.
- 18. Physician's signature was missing or not attached.
- 19. The date of the physician's signature was missing or not attached.

(Page 3)

- 20. Child's name was missing.
- 21. Instructions regarding emergency evacuation, if applicable, were missing.
- 22. Signature of parent granting permission to implement the plan and verifying training was missing.
- 23. Date of parent signature was missing.
- 24. Certified Professional Trainer information was missing.
- 25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 26. Date of trainer signature was missing.



- 27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
- 29. Date of staff signature was missing.
- 30. Administrator/Provider signature was missing
- 31. Date of administrator/Provider was missing.

(Page 4)

- 32. Child's name was missing.
- 33. Name of medication or medical food was missing.
- 34. Date the medication/medical food was administered was missing.
- 35. Time medication/medical food was administered was missing.
- 36. Dosage of medication/medical food that was administered was missing.
- 37. Signature of person administering medication/medical food was missing.
- 38. The plan was not followed or implemented.
- 39. The plan was not able to be implemented due to conflicting information.
- 40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
- 41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
- 42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
- 43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
- 44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/09/2024

| _ | | 7/20/2 | _ | |
|------|------|--------|------|---------|
| l ow | Risk | Non- | Comp | liances |

No Low Risk Non-Compliances were observed during this inspection



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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was in a location visible to parents as required. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02 Current Information | Compliant | Documenting Statement: The program had current information entered in the Ohio Child Licensing and Quality System (OCLQS). |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection Requirements | Compliant | Josephan State Hamiltonian Company |
| | City | |
| Rule: 5101:2-12-04 Building Department Inspection | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: This program serves only school age children in a public or chartered non-public school building. |
| Dula | Chahira | Description Statement (a) If and inchis |
| Rule: 5101:2-12-04 Fire Inspection | Status Compliant | Documenting Statement(s), If applicable 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: 5101:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is |



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| | | the audit number and date of expiration: KWET-D29N97; Expires 3-1-2025. |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: Written |
| Requirements | Compliant | permission to operate under the food |
| Requirements | | service license of another entity at the |
| | | same location was observed. |
| | | same location was observed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The |
| Qualifications | | administrator has completed the rules |
| | | review course. |
| 1 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Administrator | Compliant | Documenting Statement: The |
| Responsibilities/Requirements | | administrator's posted hours of |
| | | availability reflected an appropriate |
| | | schedule meeting rule compliance. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: No changes |
| Policies and Procedures | San Control Co | have been made to the written policies |
| | | and procedures since it was last approved |
| | | by this Department. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| | | had current medical statements on file. |
| | | |
| 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 | Compliant | Documenting Statement: The program |
| Requirements | | 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 |
| | | and readily accessible during all hours of |
| | | operation. |
| | I | operation. |



| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The outdoor |
| Requirements | Sometiment and Programme Control of Control | play area is separated from traffic and |
| | | other hazards by a fence. |
| | | other nazaras s y a renser |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | 25 | playground inspections were completed |
| - requirements | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 9/9/2024. |
| | | 3/3/2024. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: All equipment in |
| Equipment | | the outdoor play space was observed to |
| | | be anchored and stable. |
| Bule: F101:2 12 11 Outdoor Dlay | Campliant | De sum entire e Statemento Outde en |
| Rule: 5101:2-12-11 Outdoor Play | Compliant | Documenting Statement: Outdoor |
| Equipment | | equipment was viewed to be safe and |
| | | free of rust, sharp points, and other |
| | | hazards. |
| | | |
| Pula | Chahua | Decumenting Statement (a) If a militable |
| 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. |
| | | |
| D. I. | C | D (1) 15 11 14 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| | | observed to be in good condition. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| | | supplies were viewed stored out of the |
| | | reach of children. |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
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| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the equipment was observed |
| | | clean and in good repair. |
| | | 5 . |
| | | |
| 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 |
| | | required by the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: A notice was |
| Environment | Ĭ. | observed posted stating that smoking is |
| vanes arene dit to the Total | | prohibited at the program. |
| | | promoted 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: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| The state of the s | Compilant | And the contract of the contra |
| 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. |
| | | |
| 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. |
| | | State Control of the |
| D.J. | Chabin | Description City and All Market |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, the program had complete |
| | | first aid kits available as required. |
| | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Incident/Injury | Compliant | Documenting Statement: The |
| Reporting | | requirements for completing JFS 01299 |
| | I | "Incident/Injury Report For Child Care" |



| | | reports were discussed during the inspection. |
|------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules were observed posted. |
| Dula | Chatus | Decumenting Statement(s) If applicable |
| Rule: 5101:2-12-17 Materials and | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Sufficient |
| Equipment | Compliant | equipment was observed in all categories. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play |
| Maio: 3101.2 12 17 Daily Outdoor Play | J. J | was observed for the school age group. |
| 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 Group Size | Compliant | Documenting Statement(s), if applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance Records | Compliant | Documenting Statement: During the 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. |
| Rule | Status | Decumenting Statement(c) If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement(s), If applicable Documenting Statement: Child Care Staff Members were supervising the children and were able to intervene as needed. |
| Pula | Chatus | Decumenting Statement(s) If annihila |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement(s), If applicable Documenting Statement: Appropriate child guidance techniques and practices were observed being used during the inspection. |



| Rule | Status | Documenting Statement(s) If applicable |
|---------------------------------------------------|-----------|--------------------------------------------|
| | | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The program |
| Requirements | | served the following: Snack; Belvita snack |
| | | pack (crackers) and 100% fruit juice |
| Dular F101-2 12 22 Maal and Smale | Commisset | Dogumenting Statement Smooks comed at |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: Snacks served at |
| | | the program included foods from two of |
| | | the four food groups and provided |
| | | nutritional value in addition to calories. |
| | | I |
| 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: 5101:2-12-25 Medication | Compliant | Documenting Statement: The program |
| Administration | , | had complete written documentation for |
| | | administering medication or food |
| | | supplements. |
| | | supplements. |
| | · · | |
| 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 |
| | | 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 |
| | Compliant | of the written disaster plan was |
| Plan | | 3 - 5 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 |
| | | completed by staff. |
| | | |