

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 | | Program Type |
| PAUL & CAROL DAVID YMCA - LAKE CABLE | 000000107075 | | Child Care Center |
| SITE | | | |
| Address | | | County |
| 5335 VILLA PADOVA DR NW CANTON | | | STARK |
| OH 44718 | | | |
| | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| | School Building | | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| | Exempt | | |

| Inspection Information | | | | | |
|----------------------------|--------------------------------|--------------------|-------------------|------------------|--|
| Inspection Type | Inspection Sc | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date 11/14/2023 | Begin Time 3 | Begin Time 3:30 PM | | End Time 6:00 PM | |
| Reviewer: | | | | | |
| SHERI BAILEY | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 2 | 0 | 0 | 2 | |

| 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 | 44 | 44 |
| Total Capacity/Enrollment | 54 | 0 | 44 | 44 |

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



| Lake Cable | School-Age to < 11 years | 3 to 22 | Fire drill |
|------------|--------------------------|---------|--------------|
| Lake Cable | School-Age to < 11 years | 3 to 22 | Outside 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 | | |
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| 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: 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(s) 3,9 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: 12/15/2023

Domain: 08 Staff Files

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

Code: The program administrator is required to maintain current employee records in the Ohio Professional

Registry.

<u>Finding</u>: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number(s) 3 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other: []

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

Corrective Action Plan Due: 12/15/2023

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. |
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| 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 | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Compliant | |
| Requirements | | |
| Rule | Chatus | Decumenting Statement/s) If applicable |
| 5101:2-12-05 Denial, Revocation and | Status Compliant | Documenting Statement(s), If applicable |
| Suspension | Compliant | |
| Сиоренова | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| 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 |
| 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: 5101:2-12-08 Orientation | Compliant | Documenting Statement: On the day of |
| Training & Whistle Blower Protection | | the inspection, all child care staff |
| | | members had met orientation training requirements. |
| | | requirements. |
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| 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 | Compliant | had at least one Child Care Staff Member |
| Requirements | | with currently valid training in First Aid, |
| | | Management of Communicable Disease, |
| | | CPR, and Child Abuse Prevention present |
| | İ | in the second of |

| | | and readily accessible during all hours of operation. |
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| Rule: 5101:2-12-10 Professional Development Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training. |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-12-11 Indoor Space Requirements | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space Requirements | Compliant | U 117 117 117 117 117 117 117 117 117 117 117 117 117 117 117 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement: The protective material used under outdoor equipment was mulch. |
| 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 |
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing Requirements | Compliant | Documenting Statement: Staff and children were observed washing hands as required by the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

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| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: A notice was |
| Environment | | observed posted stating that smoking is |
| | | prohibited at the program. |
| | | profilbited at the program. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | Compilant | the inspection, 25% of the children's |
| Enrollment Records | | |
| | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
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| D. I. | Chahara | D |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Care Plans | | had current information on the medical |
| | | status and the required treatment plan |
| | | · |
| | | 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 | Compilant | the inspection, the complete prescribed |
| and General Emergency Plan | | · · · · · · · · · · · · · · · · · · · |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | posted in the program as required. |
| | | |
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| 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. |
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| 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 |
| riecautions | | |
| | | first aid kits available as required. |
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| | | |
| 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 |
| Communicable Disease | | |
| | | posted and was readily available to staff |
| | | and parents. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Julius | Documenting statement(s), if applicable |

| F101:2 12 1C Inside at Univers | Compliant | |
|--|-----------|--|
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | | 2 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training |
| Plan | | of the written disaster plan was |
| | | completed by staff. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | | were observed posted. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | , , , , , , , , , , , , , , , , , , , |
| Equipment | 20p | |
| Equipment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), it applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
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| Dula | Chahua | Decumenting Chatemantin) If annicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
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| D. J. | Chahara | D |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| | | "Staff/Child Ratios, Age Grouping and |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
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| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes |
| == == == == == == == == == == == == == | 1 | observed on the day of the inspection |
| | | were in compliance. |
| | | were in compnance. |
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| 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. |
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| Dulo | Ctatus | Desumenting Statement(s) If anni-solds |
| Rule 5101:2-12-19 Supervision | Status Compliant | Documenting Statement(s), If applicable |
| Dula | Chahara | |
| Rule 5101:2-12-19 Child Guidance | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | Documenting Statement(3), it applicable |
| Handling/Storage | Compilant | |
| 2.1. | Chatter | Design of the property of the |
| Rule: 5101:2-12-25 Medication | Status | Documenting Statement(s), If applicable |
| Administration | Compliant | Documenting Statement: The program |
| Administration | | had complete written documentation for |
| | | administering medication or food |
| | | supplements. |
| | 1. | |
| 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. |
| | | |