

# **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      |
| FIRESTONE PARK YMCA-RIMER CLC                     | 000000107146                        |                 | Child Care Center |
| Address<br>2370 MANCHESTER ROAD AKRON<br>OH 44314 |                                     |                 | County<br>SUMMIT  |
| Building Approval Date                            | Use Group/Code<br>School Building   | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date                     | Food Service Risk Level<br>Level II |                 |                   |

| Inspection Information     |                                |                  |                   |              |  |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |  |
| Annual                     | Full                           |                  | Unannounced       |              |  |
| Inspection Date 12/15/2021 | 0                              |                  | End Time 5:00 PM  |              |  |
| Reviewer:<br>SHERI BAILEY  |                                |                  |                   |              |  |
| Summary of Findings        |                                |                  |                   |              |  |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 58                         | 4                              | 0                | 2                 | 3            |  |

| 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          | 13        | 13    |
| Total Capacity/Enrollment                                 | 36               | 0          | 13        | 13    |

| Staff-Child Ratios at the Time of Inspection |                          |         |  |
|--|--------------------------|---------|--|
| Group Age Group/Range Ratio Observed Comment |                          |         |  |
| School Age                                   | School-Age to < 11 years | 1 to 12 |  |

| School Age | School-Age to < 11 years | 1 to 8 |  |
|------------|--------------------------|--------|--|
| School Age | School-Age to < 11 years | 1 to 4 |  |

## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| Serious Risk Non-Compliances   |  |  |
|--|--|--|
| No Serious Risk Non-Compliances were observed during this inspection |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## **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:

- 1. 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: 01/14/2022

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. The program is required to implement and/or follow instructions on the JFS 01236 for a child with a health condition.

<u>Finding</u>: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number 25 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Indication if medication is required was missing.
- 6. Symptoms to watch for were missing.
- 7. Directions for when should the medication or medical food be administered were missing.
- 8. Instructions for administration were missing.
- 9. Conditions that trigger the need for medication or medical foods were missing.
- 10. Expected results of the medication or medical food were missing.
- 11. Actions to be taken if the symptoms do not subside were missing.
- 12. Activities, foods, environmental conditions to avoid were missing.
- 13. Training instructions were missing.
- 14. Directions for action to be taken if expected result of medication or medical food does not occur were missing.
- 15. Instructions regarding emergency evacuation, if applicable, were missing.
- 16. Dated signature of parent was missing.
- 17. Dated signature of certified professional who trained the program staff was missing, if parent was not the trainer.
- 18. Printed name(s)/Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 19. Dated signature(s) of administrator was missing.
- 20. Name of any applicable medication was missing.
- 21. Date medication was administered was missing.
- 22. Time medication was administered was missing.
- 23. Dosage administered was missing.
- 24. Signature of staff member who administered the medication was missing.
- 25. 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.
- 26. The plan was not implemented.
- 27. The plan was not able to be implemented due to conflicting information.
- 28. The plan was not followed.

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: 01/14/2022



#### **Low Risk Non-Compliances**

#### **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 8 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: 01/14/2022

### **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: 10 Written Policies & Procedures**

Rule: 5101:2-12-07 Written Program Policies and Procedures

Code: The program's policies and procedures are required to include all topics outlined in rule.

<u>Finding</u>: During the inspection, it was determined the program's written policies and procedures provided to the parents/guardians and employees was missing item number 15 below:

#### **General Information**

- 1. Program name, address, email address and telephone number.
- 2. Description of the program's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- 4. Staff/child ratios and group size.
- 5. Opportunities for parent involvement in program activities.
- 6. Opportunities for parents to meet with teachers regarding their child.
- 7. Payment schedule, overtime charges and registration fees as applicable.
- 8. Supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

### **Program Policies and Procedures**

- 9. Enrollment including required enrollment information.
- 10. Care of children without immunizations.
- 11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.
- 12. Supervision of children, including a separate supervision policy for school-age children, if applicable.
- 13. Child guidance.
- 14. Suspension and expulsion.
- 15. Compliance with the Americans with Disabilities Act (ADA), including administering medication to children with disabilities and administering care procedures to children with disabilities.
- 16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice.)
- 17. Food and dietary policy, including, information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals and snacks, and a policy on providing supplemental food.
- 18. Management of illness including isolation precautions, symptoms for discharge and return and notification of parent of ill child.

- 19. Summary of procedures taken in the event of an emergency, serious illness or injury.
- 20. Administration of medication and topical products including medical foods, modified diets and whether school age children are permitted to carry their own medication and ointments.
- 21. Transportation for fieldtrips, routine trips (if applicable) and emergencies, including if the center will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.
- 22. Water activities/swimming.
- 23. Infant care, if applicable, including feeding, frequency of diaper checks and information about daily activities.
- 24. Sleeping, Napping and Resting.
- 25. Evening and overnight care, if applicable.
- 26. Policy on hours of operation including closing due to weather, school delays or closings and any other factors.
- 27. Situations that may require disenrollment of a child, if applicable.
- 28. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the child care program.
- 29. Formal screenings and assessments on enrolled children and if the program reports child level data to ODJFS pursuant to 5101:2-17-02 of the Administrative Code.

Revise the program's written policies and procedures to include the missing information. Submit the program's corrective action plan, which includes the revised written policies and procedures, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/14/2022

## **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 | Compliant | Documenting Statement: The program      |
| Information                |           | had current information entered in the  |
|                            |           | Ohio Child Licensing and Quality System |
|                            |           | (OCLQS).                                |
|                            |           |   |

|                                      |           | 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 Food Service      | Compliant | Documenting Statement: The food service    |
| Requirements                         |           | license was observed posted. Following is  |
|                                      |           | the audit number and date of expiration:   |
|                                      |           | KWET-BYBNTV, 3/1/22.                       |
|                                      |           | , -, ,                                     |
|                                      | I         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-12-05 Denial, Revocation and  | Compliant | Documenting statement(s), it approaches    |
| Suspension                           | Compilant |  |
| Suspension                           |           |  |
| Dula                                 | Chahua    | Decima anting Chatering anti-Vife and Park |
| 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 Administrator     | Compliant | Documenting Statement: The current         |
| Responsibilities/Requirements        |           | licensing rules were available in a        |
|                                      |           | noticeable location on the premises.       |
|                                      |           | · ·  |
| Rule: 5101:2-12-07 Administrator     | Compliant | Documenting Statement: The                 |
| Responsibilities/Requirements        |           | administrator's hours of availability to   |
| nesponsionales, negan ements         |           | meet with parents were posted in a         |
|                                      |           | noticeable location.                       |
|                                      |           | Hoticeable location.                       |
| Rule: 5101:2-12-07 Administrator     | Compliant | Desumenting Statement, The                 |
|                                      | 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: 5101:2-12-08 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 Child Care Staff  | Compliant | Documenting Statement: All Child Care      |
| Member Educational Requirements      | '         | Staff Members had verification of          |
|                                      |           | educational requirements on file at the    |
|                                      |           | program.                                   |
|                                      |           | ρι Οδιαιτι.                                |
|                                      |           |  |
| Pulo                                 | Status    | Documenting Statement/s) If annieship      |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |

| Rule: 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant           | Documenting Statement: On the day of the inspection, all child care staff members had met orientation training |
|---|---------------------|--|
|   |                     | requirements.  |
|   |                     | S (1) 15 11 11   |
| Rule: 5101:2-12-09 Background Check                                 | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: During the                                     |
| Requirements  | Compliant           | inspection, the required documentation   |
| Requirements  |                     | regarding background checks was on file  |
|   |                     | for all employees listed.  |
|   |                     | To an empreyees needs.   |
|   | I 6                 |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-10 Health Training Requirements                     | Compliant           | Documenting Statement: The program 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  |
|   |                     | and readily accessible during all hours of   |
|   |                     | operation.   |
|   |                     |  |
| Dula  | Chahua              | Decumenting State mentals of analisable  |
| Rule 5101:2-12-10 Professional                                      | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Development Requirements  | Compilant           |  |
| Бетегоринени педан етпения  |                     |  |
| 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 quarterly   |
| Requirements  | Compliant           | playground inspections were completed  |
| Requirements  |                     | and documented, as required. The most  |
|   |                     | recent inspection report form was dated  |
|   |                     | 10/12/21.  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment                                 | Compliant           | bocamenting statement(s), it applicable  |
|   |                     |  |
| Duly  | Chabana             |  |
| Rule  F101:2 12 11 Outdoor Play Fall Zonos                          | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones                                | Compliant           |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment   | Compliant           |  |
|   | 1                   |  |

| 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.                      |
|                                       |           | reaction cilitates.                     |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and   | Compliant | boodinenting statement(s), it approases |
| Environment                           | Compilant |   |
| Liivii Oliillelit                     |           |   |
| 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: No smoking was   |
| Environment                           |           | allowed on the premises, and the notice |
|                                       |           | stating that smoking is prohibited was  |
|                                       |           | observed posted in a conspicuous place. |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and  | Compliant | Documenting Statement: At the time of   |
| Enrollment Records                    |           | the inspection, 25% of the children's   |
|                                       |           | records were reviewed, and the records  |
|                                       |           | were complete, as required by the rule. |
|                                       |           |   |
|                                       |           |   |
| 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.                 |
|                                       |           |   |
|                                       | 1         |   |
| 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.   |
|                                       |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of            | Compliant | , , , , , , , , , , , , , , , , , , ,   |
| Communicable Disease                  | 35        |   |
| Communicable Discuse                  | I.        |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| Nuic                                  | Status    | Documenting Statement(s), it applicable |

|                                     | T         | T   |
|-------------------------------------|-----------|---|
| 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   |
| 5101:2-12-16 Written Disaster Plan  | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| D. I.                               |           | D :: (1) 1/ \ If  :  1                    |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule   | Compliant | Documenting Statement: Daily schedules    |
|                                     |           | were observed posted.                     |
|                                     |           | ·   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s) If applicable    |
|                                     |           | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Materials and    | Compliant | Documenting Statement: Sufficient         |
| Equipment                           |           | equipment was observed in all categories. |
|                                     |           |   |
|                                     | •         | ·   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-17 Daily Outdoor Play     |           | bocamenting statement(s), it applicable   |
| 5101:2-12-17 Daily Outdoor Play     | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program        |
|                                     |           | was operating within their license        |
|                                     |           | capacity limits.                          |
|                                     |           | capacity illints.                         |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 Group Size             | Compliant |   |
|                                     |           |   |
|                                     | •         | <u> </u>                                  |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-18 Attendance       | Compliant | Documenting Statement: During the         |
|                                     | Compilant |   |
| 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.                             |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
|                                     |           | bocumenting statement(s), if applicable   |
| 5101:2-12-19 Supervision            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| Nuie                                | Julia     | bocamenting statement(s), it applicable   |

| 5101:2-12-19 Child Guidance       | Compliant |   |
|-----------------------------------|-----------|---|
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The snack menu   |
| Requirements                      |           | was posted on the licensing board for   |
| •                                 |           | parents.                                |
|                                   |           | par enter                               |
|                                   |           |   |
| 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.                            |
|                                   |           | 34p133.                                 |
|                                   |           |   |