

# **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 Det                    | ails                    |                    |
|--|--------------------------------|-------------------------|--------------------|
| Program Name                                       | Program Number                 |                         | Program Type       |
| M E LYONS YMCA CHILD CARE                          | 000000200757                   |                         | Child Care Center  |
| Address<br>8108 CLOUGH PIKE CINCINNATI<br>OH 45244 |                                |                         | County<br>HAMILTON |
| Building Approval Date<br>03/23/1978               | Use Group/Code<br>BB 61 (1972- | Occupancy Limit<br>None | Maximum Under 2 ½  |
|  | 1979)                          |                         |                    |
| Fire Inspection Approval Date                      | Food Service Risk I            | evel                    |                    |
| 04/03/2023   | Level II                       |                         |                    |

| Inspection Information      |                                |                  |                               |              |  |
|-----------------------------|--------------------------------|------------------|-------------------------------|--------------|--|
| Inspection Type<br>Annual   | Inspection So<br>Full          | cope             | Inspection Notice Unannounced |              |  |
| Inspection Date 07/11/2023  | Begin Time 7                   | ':20 AM          | End Time 1:36 PM              |              |  |
| Reviewer:<br>BRIAN CHASTAIN |                                |                  |                               |              |  |
| Summary of Findings         |                                |                  |                               |              |  |
| No. Rules Verified          | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk             | No. Low Risk |  |
| 58                          | 4                              | 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  |                  | 95         | 0         | 95    |
| Total Capacity/Enrollment                                 | 70               | 95         | 0         | 95    |

## Staff-Child Ratios at the Time of Inspection



| Group      | Age Group/Range          | Ratio Observed | Comment |
|------------|--------------------------|----------------|---------|
| School Age | School-Age to < 11 years | 2 to 7         |         |
| School Age | School-Age to < 11 years | 2 to 32        |         |

## **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  |
|---|
| Control Compilation   |
| No Serious Risk Non-Compliances were observed during this inspection  |
| ·   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| Moderate Risk Non-Compliances   |
|   |
| No Moderate Risk Non-Compliances were observed during this inspection |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| Low Risk Non-Compliances  |



Domain: 05 Health & Safety

Rule: 5101:2-12-16 Emergency Drills

Code: The program is required to complete fire drills, weather drills, and emergency/lockdown drills

appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item number 2 below:

- 1. Monthly fire drills.
- 2. Monthly weather emergency drills (March through September).
- 3. Emergency/lockdown drills in each quarter of the calendar year.

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

Corrective Action Plan Due: 08/10/2023

#### Domain: 08 Staff Files

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

<u>Code</u>: The program administrator is required to have hours of availability to meet with parents and have the hours posted in a noticeable location.

<u>Finding</u>: During the inspection, it was determined that the administrator did not have scheduled hours of availability to meet with parents, or the hours of availability were not posted in a noticeable location. Corrected during the inspection. 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 2, 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: 08/10/2023

#### **Domain: 08 Staff Files**

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

<u>Code</u>: 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 5, 7 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: 08/10/2023

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Medical Statement

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

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

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 6. Tuberculosis (TB) screening/test information was missing:
- a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
- b. Results of a TB test for employees meeting both criteria in 6a.
- c. Results of additional testing for employees with a positive TB test.
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/10/2023

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

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-12-02 License Posted | Compliant |   |

|                                     | 1         |   |
|-------------------------------------|-----------|---|
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information    | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection             | Compliant |   |
| Requirements                        | '         |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     | Compliant | bocumenting statement(s), if applicable |
| 5101:2-12-04 Building Department    | Compliant |   |
| Inspection                          |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection        | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| 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.            |
| · '                                 |           | '                                       |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator          | Compliant | bocumenting statement(s), it applicable |
|                                     | Compliant |   |
| Qualifications                      |           |   |
|                                     | 1.        |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program        | Compliant |   |
| Policies and Procedures             |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant |   |
| Whistle Blower Protection           | '         |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check       |           | Documenting Statement(s), if applicable |
| <u> </u>                            | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-10 Professional     | Compliant | Documenting Statement: At the time of   |
| Development Requirements            |           | the inspection, all child care staff    |
|                                     |           | members had completed the required      |
|                                     |           | amount of professional development      |
|                                     |           | training.                               |
|                                     |           | 0.                                      |
| L                                   |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| Nuic                                | Status    | Documenting statement(s), if applicable |

| 5101:2-12-11 Indoor Space<br>Requirements               | Compliant           |  |
|---|---------------------|--|
| Rule 5101:2-12-11 Outdoor Space Requirements            | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule<br>5101:2-12-11 Outdoor Play Equipment             | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule<br>5101:2-12-11 Outdoor Play Fall Zones            | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 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.   |
| Dula  | Chatura             | Decree while Chatery and A life and leading  |
| Rule: 5101:2-12-12 Safe Environment                     | Status Compliant    | Documenting Statement(s), If applicable  Documenting Statement: A safe environment was observed during the inspection. Children were protected from items and conditions which threaten their health, safety and well-being. |
|   | l <u>-</u>          |  |
| Rule 5101:2-12-13 Sanitary Equipment and Environment    | Status Compliant    | Documenting Statement(s), If applicable  |
|   | I -                 |  |
| Rule 5101:2-12-13 Handwashing Requirements              | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule: 5101:2-12-13 Smoke Free<br>Environment            | Status Compliant    | Documenting Statement(s), If applicable  Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program.  |
| Pode  | Chahara             | Daniel Chat  |
| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: At the time of 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: 5101:2-12-15 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  |
| 5101:2-12-16 Medical, Dental, and           | Compliant |  |
| General Emergency Plan                      |           |  |
|   |           | C C                                      |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 First Aid/Standard Precautions | Compliant |  |
| Frecautions                                 |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Management of            | Compliant | Documenting Statement: The JFS 08087     |
| Communicable Disease                        |           | Communicable Disease Chart was posted    |
|   |           | and was readily available to staff and   |
|   |           | parents.                                 |
|   |           | '  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury                | Compliant |  |
| Reporting                                   |           |  |
|   | T -       |  |
| 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 |  |
|   |           |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and                  | Compliant |  |
| Equipment                                   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Outdoor Play             | Compliant | 2 common of content (o), it applicable   |
| ,   | <u> </u>  |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity               | Compliant |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Ratio                    | Compliant | Documenting Statement: The Appendix A    |
| Naic. 5101.2-12-10 Natio                    | Compilant | Staff/Child Ratios, Age Grouping and     |
|   |           | Starry Crinic Natios, Age Grouping and   |

|  |                  | Maximum Group Size was posted in a noticeable area at the program as required.                   |
|--|------------------|--|
| Rule: 5101:2-12-18 Ratio                                 | Compliant        | Documenting Statement: Staff/child ratios observed during the inspection were in compliance.     |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Group Size                            | Compliant        | Documenting Statement: The group sizes observed on the day of the inspection were in compliance. |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records                          | Compliant        | Bootimenting statement(s), it applicable   |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision                                 | Compliant        | Documenting Statement(3), it applicable  |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance                              | Compliant        | botamenting statement(s), it approache   |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Meal and Snack<br>Requirements              | Compliant        | boomenting statement(s), it approache  |
| 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<br>Handling/Storage               | Compliant        |  |
| Dula   | Chahua           | Described States and a life and leads  |
| Rule 5101:2-12-24 Swimming and Water Safety Requirements | Status Compliant | Documenting Statement(s), If applicable  |
| Rule   | Status           | Documenting Statement(s), If applicable  |
| 5101:2-12-25 Medication<br>Administration                | Compliant        | bocamenting statement(s), if applicable  |
| Rule   | Status           | Documenting Statement(s), If applicable  |



| 5101:2-12-08 Child Care Staff Member Educational Requirements | Compliant |  |
|---|-----------|--|
|   |           |  |