

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 Details | | | | |
|--|-------------------------|-----------------|-------------------|--|
| Program Name | Program Number | | Program Type | |
| PREBLE COUNTY YMCA | 000000206189 | | Child Care Center | |
| Address 450A WASHINGTON JACKSON RD EATON OH 45320 | | | County PREBLE | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 02/04/2010 | E | | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 05/17/2019 | Exempt | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Monitor | Partial | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 04/18/2024 | 7:00 AM | 7:00 AM | | 7:19 AM | |
| Reviewer: | | | | | |
| Steffani Roberts | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 1 | 1 | 0 | 1 | 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 | 19 | 19 |
| Total Capacity/Enrollment | 54 | 0 | 19 | 19 |

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

| School Age | School-Age to < 11 years | 1 to 9 | @ Arrival |
|------------|--------------------------|--------|-----------|
|------------|--------------------------|--------|-----------|

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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| - Constitution Comprised | | |
| 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:

- 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: 05/18/2024

| Low Risk Non-Compliances |
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| 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 |
|----------------------------------|--------------|---|
| 5101:2-12-02 License Posted | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Not Verified | |
| Inspection | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|------------------------|---|
| 5101:2-12-04 Food Service | Not Verified | , , , , , , , , , , , , , , , , , , , |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | bocamenting statement(s), it applicable |
| Suspension | Not verified | |
| Suspension | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | Documenting statement(s), it applicable |
| Qualifications | Not verified | |
| Qualifications | | |
| D 1 | C | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not Verified | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Not Verified | |
| Whistle Blower Protection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | 3 (7) |
| Development Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Not Verified | 2000 |
| Requirements | . Tot verified | |
| Requirements | 1 | |
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| Rule | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Not Verified | |
| Under 2 1/2 Years | 1 | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---------------------|--|
| 5101:2-12-11 Outdoor Space | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Not Verified | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Not Verified | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | |
| Requirements | | |
| Pulo | Ctatus | Decumenting Statement/s) If a will sale |
| Rule F101:2 12 14 Transportation and Field | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Not verilled | |
| Trip Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Not Verified | Documenting Statement(s), it applicable |
| Requirements | IVOC VEITHEU | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Not Verified | boddinenting statement(3), it applicable |
| Requirements | 1400 Verifica | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Not Verified | |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Not Verified | |
| Plans | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Not Verified | 2 comment of the second of the |
| General Emergency Plan | , roc vermed | |
| General Emergency Flam | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not verified | |
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| Rule | Status | Documenting Statement(s) If applicable |
| | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not verified | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | |
| Reporting | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Not Verified | 0 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Not Verified | 3 (" 11 |
| Equipment | | |
| _44.6 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | Socumenting Statement(3), it applicable |
| 3101.2-12-17 Daily Outuooi Flay | INOL VEHILLEU | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | Socumenting Statement(3), it applicable |
| 5101:2-12-18 License Capacity | NOT VEHILLA | |
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| Rule | Status | Documenting Statement(s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-18 Attendance Records | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Not Verified | <u> </u> |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | and the second s |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not Verified | boomening statement(s), in applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Not Verified | bocamenting statement(s), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Not Verified | Documenting Statement(s), if applicable |
| Care | Two vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | Documenting Statement(s), if applicable |
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| Bula | Chatus | Decumenting Statement (1) If any leads |
| Rule 5101:2-12-23 Infant Bottle and Food | Status Not Verified | Documenting Statement(s), If applicable |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Not Verified | |
| Training | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-24 Swimming and Water Safety Requirements | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Not Verified | |
| Administration | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | |
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