

## **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            | nils                |                      |
|--|-------------------------|---------------------|----------------------|
| Program Name   | Program Number          |                     | Program Type         |
| KLEPTZ YMCA  | 000000206719            |                     | Child Care Center    |
| Address<br>1200 W NATIONAL ROADP.O. BOX 38 ENGLE<br>OH 45322 | WOOD                    |                     | County<br>MONTGOMERY |
| Building Approval Date<br>06/08/2007                         | Use Group/Code<br>E     | Occupancy Limit 255 | Maximum Under 2 ½    |
| Fire Inspection Approval Date                                | Food Service Risk Level |                     |                      |
| 07/05/2022   | Exempt                  |                     |                      |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Annual                     | Full                           |                  | Unannounced       |              |
| Inspection Date 07/21/2022 | Begin Time 8:00 AM             |                  | End Time 9:30 AM  |              |
| Reviewer:                  |                                |                  |                   |              |
| Yolonda McIntosh           |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 0                              | 0                | 0                 | 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  |                  | 71         | 0         | 71    |
| Total Capacity/Enrollment                                 | 203              | 71         | 0         | 71    |

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



| School Age | 4 to 30 |  |
|------------|---------|--|
| School Age | 4 to 30 |  |

## **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  |
|   |
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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  |
| b Low Risk Non-Compliances were observed during this inspection       |



## Rules In-Compliance/Not Verified

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-12-02 License Posted                 | Compliant | <u> </u>                                |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information            | Compliant |   |
| Rule  | Chahua    | Decumenting Chatemant/s) If and inchis  |
| 1,0,10                                      | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection                     | Compliant |   |
| Requirements                                |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department Inspection | Compliant |   |
| Пізрессіон                                  |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection                | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service                   | Compliant |   |
| Requirements                                |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and         | Compliant |   |
| Suspension                                  |           |   |

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|--------------------------------------|-----------|---|
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-07 Administrator           | Compliant |   |
| Qualifications                       |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-07 Administrator           | Compliant | bootinenting statement(s), it approases       |
|                                      | Compliant |   |
| Responsibilities/Requirements        |           |   |
|                                      |           |   |
| 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 Medical Statement       | Compliant | bootinenting statement(s), it approase        |
| 3101.2-12-08 Wedical Statement       | Compliant |   |
|                                      |           |   |
| Pula                                 | Chatus    | Decumenting Statement/s) If any lively        |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-08 Child Care Staff Member | Compliant |   |
| Educational Requirements             |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-08 Orientation Training &  | Compliant | <u> </u>                                      |
| Whistle Blower Protection            |           |   |
| Willstie Blower i Toteetion          |           |   |
| 0.1                                  | C         | D :: C: : : : ! . ! . ! . ! . ! . ! . ! . ! . |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-09 Background Check        | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-10 Health Training         | Compliant |   |
| Requirements                         |           |   |
| Requirements                         |           |   |
| 2.1                                  | C         | D :: C: : : : ! . ! . ! . ! . ! . ! . ! . ! . |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-10 Professional            | Compliant |   |
| Development Requirements             |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-11 Indoor Space            | Compliant |   |
| Requirements                         |           |   |
| negariements                         | 1         |   |
| Pula                                 | Chatus    | Decumenting Statement/s) If any live life     |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-11 Separation of Children  | Compliant |   |
| Under 2 1/2 Years                    |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-12-11 Outdoor Space           | Compliant | ( ),  |
| Requirements                         |           |   |
| requirements                         | l         |   |
|                                      |           |   |

| - California C  |                                |  |
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| Rule  | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment   | Compliant                      |  |
|   | ·                              |  |
|   |                                |  |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
|   |                                | Bocumenting statement(3), ii applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones  | Compliant                      |  |
|   |                                |  |
|   |                                |  |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment   | Compliant                      |  |
| · ·   | ·                              |  |
|   |                                |  |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
|   |                                | bocumenting statement(s), if applicable  |
| 5101:2-12-12 Safe Environment   | Compliant                      |  |
|   |                                |  |
|   |                                |  |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Sanitary Equipment and   | Compliant                      |  |
| Environment   | F                              |  |
| Liviloiment   |                                |  |
|   |                                |  |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing  | Compliant                      |  |
| Requirements  |                                |  |
|   | .1                             |  |
| D. J.   | Chahara                        | December 5 Chatana ant/a) If a maliant la  |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free   | Compliant                      |  |
| Environment   |                                |  |
|   |                                |  |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field   | Compliant                      | Bootimenting statement(5), ii applicable   |
| •   | Compilant                      |  |
| Trip Procedures   |                                |  |
|   |                                |  |
| Rule  | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Driver  | Compliant                      |  |
| Requirements  | F                              |  |
| negan ements  | <u> </u>                       |  |
|   |                                |  |
| Rule  | I Chah a                       |  |
|   | Status                         | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Vehicle   | Compliant                      | Documenting Statement(s), If applicable  |
|   |                                | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Vehicle   |                                | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Vehicle Requirements  | Compliant                      |  |
| 5101:2-12-14 Transportation - Vehicle Requirements  | Compliant                      | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle Requirements  Rule 5101:2-12-15 Child Medical and   | Compliant                      |  |
| 5101:2-12-14 Transportation - Vehicle Requirements  | Compliant                      |  |
| 5101:2-12-14 Transportation - Vehicle Requirements  Rule 5101:2-12-15 Child Medical and   | Compliant                      |  |
| S101:2-12-14 Transportation - Vehicle Requirements  Rule  5101:2-12-15 Child Medical and Enrollment Records   | Compliant  Status  Compliant   | Documenting Statement(s), If applicable  |
| S101:2-12-14 Transportation - Vehicle Requirements  Rule  5101:2-12-15 Child Medical and Enrollment Records  Rule                                     | Status Compliant Status Status |  |
| S101:2-12-14 Transportation - Vehicle Requirements  Rule  5101:2-12-15 Child Medical and Enrollment Records  Rule  5101:2-12-15 Medical/Physical Care | Compliant  Status  Compliant   | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Vehicle Requirements  Rule 5101:2-12-15 Child Medical and Enrollment Records  Rule                                      | Status Compliant Status Status | Documenting Statement(s), If applicable  |
| S101:2-12-14 Transportation - Vehicle Requirements  Rule  5101:2-12-15 Child Medical and Enrollment Records  Rule  5101:2-12-15 Medical/Physical Care | Status Compliant Status Status | Documenting Statement(s), If applicable  |
| S101:2-12-14 Transportation - Vehicle Requirements  Rule  5101:2-12-15 Child Medical and Enrollment Records  Rule  5101:2-12-15 Medical/Physical Care | Status Compliant Status Status | Documenting Statement(s), If applicable  |

| 5101:2-12-16 Medical, Dental, and  | Compliant |   |
|------------------------------------|-----------|---|
|                                    | Compilant |   |
| General Emergency Plan             |           |   |
| Dul                                | Chahara   | December 1 Chatana and 1 If a malicable |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills      | Compliant |   |
|                                    |           |   |
| Rule                               | Ctatus    | Decumenting Statement/s) If applicable  |
|                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard    | Compliant |   |
| Precautions                        |           |   |
| 0.1                                | C         | 5 (1)                                   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of         | Compliant |   |
| Communicable Disease               |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury       | Compliant |   |
| Reporting                          |           |   |
|                                    |           |   |
| 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 |   |
|                                    |           |   |
|                                    |           | 2                                       |
| 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 |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity      | Compliant |   |
|                                    |           |   |
| Pule                               | Ctatus    | Decumenting Statement of If a will call |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                 | Compliant |   |
|                                    |           |   |
| Pulo                               | Status    | Decumenting Statement of the audice his |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size            | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records    |           | Documenting Statement(s), it applicable |
| 2101.2-12-10 Attendance Records    | Compliant |   |

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|--------------------------------------|-----------|---|
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision             | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance          | Compliant | Documenting Statement(3), it applicable |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping        | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack          | Compliant |   |
| Requirements                         | •         |   |
|                                      |           |   |
| 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                     |           |   |
|                                      | <u>'</u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water      | Compliant |   |
| Safety Requirements                  |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication              | Compliant |   |
| Administration                       |           |   |