

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 |
| YMCA VERMILION LEARNING AND | 000000300359 | | Child Care Center |
| ENRICHMENT CENTER | | | |
| Address | * | | County |
| 1230 Beechview Drive Vermilion | | | ERIE |
| OH 44089 | | | |
| | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 07/09/2007 | 7.000 | | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 11/16/2022 | Level I | | |

| Inspection Information | | | | |
|------------------------|------------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection | Scope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Inspection Date Begin Time 8:30 AM | | End Time 10:26 AM | |
| 12/08/2022 | | | | |
| Reviewer: | | | | |
| Akeea Nelson | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 1 | 0 | 0 | 1 |

| 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 | 4 | 0 | 0 | 0 | |
| Older Toddler | | 0 | 0 | 0 | |
| Preschool | | 7 | 5 | 12 | |
| School Age | | 0 | 21 | 21 | |
| Total Capacity/Enrollment | 90 | 7 | 26 | 33 | |

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

| Jungle Room | 3 years to < 4 years | 1 to 4 | Arrival Ratio |
|-------------|---------------------------|--------|-----------------|
| Jungle Room | 3 years to < 4 years | 1 to 5 | Departure Ratio |
| Busy Bees | 4 years to < 5 years | 1 to 4 | Arrival Ratio |
| Busy Bees | 4 years to < 5 years | 1 to 6 | Departure Ratio |
| School-age | 5 years to < Kindergarten | 0 to 0 | School-age |
| | | | children not in |
| | | | session during |
| | | | inspection. |

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 |
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| No Moderate Risk Non-Compliances were observed during this inspection |
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Low Risk Non-Compliances

Domain: 03 Postings & Equipment

<u>Rule</u>: 5101:2-12-16 Medical, Dental, and General Emergency Plan <u>Code</u>: The program is required to post the fire and weather plans.

<u>Finding</u>: During the inspection, it was determined that the following information was not posted for item number(s) 1, 2, 3 below:

- 1. Fire alert plan was missing. (Preschool)
- 2. Weather alert plan was missing. (Preschool)
- 3. Weather alert plan was missing a diagram indicating evacuation routes. (All Classrooms)

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

Corrective Action Plan Due: 01/07/2023

Rules In-Compliance/Not Verified

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

| 5101:2-12-04 Building Department Inspection | Compliant | |
|--|---|--|
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: Documentation of a fire inspection without any uncorrected violations must be secured for the program. Secure a new fire inspection by 11/16/23. |
| Dula | Chabita | Designanting Statement/s). If annicable |
| Rule: 5101:2-12-04 Food Service | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: KWIE-CBYKVG 3/1/23. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| The state of the s | | ! |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | SS(SS(SS(R) CO.) 4 (4) (8) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | |
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| 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 |
| 1 | | complete. |
| | | |
| | C | Description of the control of applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
| | | |
| 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 | |
| Whistle Blower Protection | | |
| Rule | Status | Describer Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | |
| Requirements | | |



| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
| | | |
| 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 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | Documenting Statement(s), it applicable |
| Under 2 1/2 Years | Compilant | |
| Officer 2 1/2 rears | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Outdoor Space | Compliant | Documenting Statement: The quarterly |
| Requirements | | playground inspections were completed |
| Oranica Proportion of the state | | and documented, as required. The most |
| | | recent inspection report form was dated |
| | | 12/1/22. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement(s), it applicable |
| 3101.2-12-11 Odtdoor Flay Fair Zones | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
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| P. I. | Ch. A. | D |
| Rule 5101:2-12-12 Safe Environment | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
| L | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | (c), application |
| Environment | seedad paracat. | |
| 0 2000000000000000000000000000000000000 | 1 | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | ■ 2000000000000000000000000000000000000 | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-13 Smoke Free Environment | Compliant | |
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| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Status 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. |
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| Rule: 5101:2-12-15 Medical/Physical Care Plans | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: At the time of the inspection, there were no children currently enrolled who had health conditions. |
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| Rule 5101:2-12-16 Emergency Drills | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions | Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. |
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| Rule: 5101:2-12-16 Management of Communicable Disease | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. |
| | | Please refer to Child Care Manual Procedure Letter No. 159. This letter must be posted next to the JFS 08087 "Communicable Disease Chart" (updated 11/21), or the newest version of the chart must be posted once it is available for order. |
| Pula | Ctatus | Decumenting Statement(s) If smalleship |
| Rule 5101:2-12-16 Incident/Injury Reporting | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |

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|---|--|---|
| Rule: 5101:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's |
| Plan | | written disaster plan was reviewed during |
| | | the inspection and met the requirements. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | 33,2 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | | bocumenting statement(s), it applicable |
| | Compliant | |
| Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
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| | * | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | 0 |
| 3101.2 12 10 Electrise capacity | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | Securior and Securior (SI) in appropria |
| 3101.2 12 10 Attendance Records | Compliant | |
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| D. 1- | Chatana | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| 3101.2 12 20 cots and Happing | Compilant | |
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| Rule | Ctotus | Decumenting Statement/s) If smalleship |
| 200 - | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| January | | |
|--------------------------------------|-----------|---|
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| 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: There were no |
| Administration | | children on medication at the time of the |
| | | inspection; however, the method of |
| | | storage and practices for the |
| | | administration were reviewed. |
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