

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 Det | ails | |
|--|---------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| LCFYMCA at South | 000000401162 | | Child Care Center |
| Address 6623 SUMMIT RD PATASKTALA OH 43062 | | | County LICKING |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 08/23/2021 | Food Service Risk L | evel | 1 |

| Inspection Information | | | | | |
|-----------------------------|----------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date 11/23/2021 | Begin Time 3 | :50 PM | End Time 5:30 PM | | |
| Reviewer: JO ELLEN MORTO | Reviewer: JO ELLEN MORTON-CONRAD | | | | |
| 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 | | 0 | 58 | 58 |
| Total Capacity/Enrollment | 180 | 0 | 58 | 58 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| SA | School-Age to < 11 years | 2 to 32 | |



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 |
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| 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 |
| 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 |
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| 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 | | |
| | I a | 12 |
| Rule | Status | Documenting 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 | bootimenting ottatement(5), in applicable |
| | , , , , , , , , , , , , , , , , , , , | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |
| Dula | Chahua | Decumenting Statement(s) If any live life |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |

| Designates: | | |
|--------------------------------------|-------------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | 3 , , , , , , , , , |
| Policies and Procedures | ' | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | 1,7,11 |
| Educational Requirements | ' | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | 2000 |
| Whistle Blower Protection | Compilation | |
| Timode Blower Frotection | <u>l</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | bocamenting statement(s), ii applicable |
| Requirements | Compilant | |
| Requirements | | |
| Pulo | Status | Documenting Statement/s) If and inchis |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
| Dula | Ctatus | Description Chahous and A. If a well-all |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Compliant | |
| Development Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | 5 1 6 1 1 (1/1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Requirements | Compilant | |
| Requirements | | |
| Dula | Ctatus | Decumenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | <u> </u> |
| Plans | ' | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | bocamenting statement(s), it approasie |
| General Emergency Plan | Compilant | |
| General Emergency Plan | | |
| Distr | Chahara | December 5 Chateron and 10 life and included |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | Companie | |
| neporting | | |
| Pulo | Ctatus | Documenting Statement/s) If smalleship |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-17 Daily Schedule | Compliant | 2 2 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
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| 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 | <u> </u> |
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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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | Bocumenting Statement(s), if applicable |
| STOTIL IL IS SUPERVISION | | |
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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 |
| 5101:2-12-22 Meal and Snack | Compliant | Bocumenting Statement(s), it applicable |
| Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-12-25 Medication | Status Compliant | Documenting Statement(s), If applicable |
| Administration | Compilant | |
| Autilitistration | | |

