

## **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      |
| YMCA After School Enrichment Program at | 2170016562          |                 | Child Care Center |
| New Lebanon                             |                     |                 |                   |
| Address                                 |                     |                 | County            |
| 1150 W Main St New Lebanon              |                     |                 | MONTGOMERY        |
| OH 45345                                |                     |                 |                   |
|   |                     |                 |                   |
| Building Approval Date                  | Use Group/Code      | Occupancy Limit | Maximum Under 2 ½ |
| 01/22/2018                              |                     | 365             | 0                 |
| Fire Inspection Approval Date           | Food Service Risk L | evel            |                   |
|   | Exempt              |                 |                   |

|                            | Inspection Information         |                    |                   |                  |  |
|----------------------------|--------------------------------|--------------------|-------------------|------------------|--|
| Inspection Type            | Inspection So                  | cope               | Inspection Notice |                  |  |
| Annual                     | Full                           |                    | Unannounced       |                  |  |
| Inspection Date 12/01/2022 | Begin Time 3                   | Begin Time 3:30 PM |                   | End Time 4:32 PM |  |
| Reviewer:                  |                                |                    |                   |                  |  |
| Yolonda McIntosh           |                                |                    |                   |                  |  |
| 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                                     | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 5          | 0         | 5     |
| Total Capacity/Enrollment                                 | 365              | 5          | 0         | 5     |

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



| School Age | 1 to 4 |  |
|------------|--------|--|
| School Age | 2 to 3 |  |

## **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  |
|---|
| No Serious Risk Non-Compliances were observed during this inspection  |
| 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  |

**Domain: 08 Staff Files** 

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

<u>Code</u>: The program staff is required to have educational verification on file at the program or in the Ohio

Professional Registry.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file nor verified in the Ohio Professional Registry for Child Care Staff Member(s) listed on the Employee Record Chart, as required. Submit the program's corrective action plan, which includes a copy of the verification of a high school education, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/31/2022

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

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-12-02 License Posted      | Compliant |   |
| <u>L</u>                         |           |   |
| 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 | Compliant |   |
| Inspection                       |           |   |
|                                  |           |   |
| 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                          |                     |   |
|                                     |                     |   |
| 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           |   |
| Responsibilities/Requirements       |                     |   |
| 6.1                                 |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program        | Compliant           |   |
| Policies and Procedures             |                     |   |
| Rule                                | Status              | Decumenting Statement(s) If applicable  |
| 5101:2-12-08 Medical Statement      |                     | Documenting Statement(s), If applicable |
| 5101.2-12-06 ivieuicai Statement    | Compliant           |   |
|                                     | 1                   | l                                       |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant           |   |
| Whistle Blower Protection           | ·                   |   |
|                                     | 1                   | 1                                       |
| 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                        |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional           | Compliant           |   |
| Development Requirements            |                     |   |
| Pulo                                | Status              | Documenting Statement(e) If applicable  |
| Rule 5101:2-12-11 Indoor Space      | Status<br>Compliant | Documenting Statement(s), If applicable |
| Requirements                        | Compliant           |   |
| печинения                           |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space          | Compliant           | 2 out the state mental), it applies to  |
| Requirements                        |                     |   |
| поданенно                           |                     | I                                       |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant           |   |
|                                     |                     |   |

| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-12-11 Outdoor Play Fall Zones   | Compliant | , , , , , , , , , , , , , , , , , , ,   |
| ,  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment  | Compliant |   |
|  |           |   |
|  | I -       |   |
| Rule   | Status    | Documenting 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 | bocumenting statement(s), it applicable |
| Environment  | Compilant |   |
| Environment  |           | I                                       |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing   | Compliant |   |
| Requirements   |           |   |
| The spanners of the spanners o |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free  | Compliant | 0 (" 11                                 |
| Environment  | '         |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field  | Compliant |   |
| Trip Procedures  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver   | Compliant |   |
| Requirements   |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle  | Compliant |   |
| Requirements   |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and   | Compliant |   |
| Enrollment Records   |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care   | Compliant |   |
| Plans  |           |   |
|  | l c       |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and  | Compliant |   |
| General Emergency Plan   |           |   |
|  |           |   |

| Rule                                    | Status           | Documenting Statement/s) If applicable  |
|---|------------------|---|
| 5101:2-12-16 Emergency Drills           |                  | Documenting Statement(s), If applicable |
| 2101.5-15-10 ciliel Belich Dulli        | Compliant        |   |
| L                                       |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard         | Compliant        |   |
| Precautions                             | Compilant        |   |
| T T C C C C C C C C C C C C C C C C C C |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of              | Compliant        |   |
| Communicable Disease                    |                  |   |
|   |                  |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury            | Compliant        | , , , , , , , , , , , , , , , , , , ,   |
| Reporting                               |                  |   |
|   | <u> </u>         |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan      | Compliant        |   |
|   | <u> </u>         |   |
|   |                  |   |
| 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        |   |
|   |                  |   |
| Pulo                                    | Status           | Documenting Statement(s), If applicable |
| Rule 5101:2-12-18 License Capacity      | Status Compliant | Documenting statement(s), if applicable |
| 5101.2-12-16 Licelise Capacity          | Compliant        |   |
|   | 1                |   |
| Rule                                    | Status           | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio                      | Compliant        | (-),                                    |
|   |                  |   |
|   |                  |   |
| 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         | Compliant        |   |
|   |                  |   |
| Dula                                    | Chahua           | Decrementing Statement (2) 15           |
| 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 |  |
|                                      |           |  |
| - 1                                  |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-20 Cots and Napping        | Compliant |  |
|                                      |           | 1  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-21 Evening and Overnight   | Compliant |  |
| Care                                 |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-22 Meal and Snack          | Compliant |  |
| Requirements                         |           |  |
| Dula                                 | Chahus    | Decrine outing Chateres out/a\ If a reliable |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-22 Fluid Milk Requirements | Compliant |  |
|                                      | 1         | <u> </u>                                     |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-22 Safe Food               | Compliant |  |
| Handling/Storage                     |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-24 Swimming and Water      | Compliant |  |
| Safety Requirements                  |           |  |
|                                      | C         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-12-25 Medication              | Compliant |  |
| Administration                       |           |  |