



## 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<br>YMCA CHILD CARE THREE RIVERS<br>ELEMENTARY | Program Number<br>2180017652 |                 | Program Type<br>Child Care Center |
| Address<br>56 Cooper Ave Cleves<br>OH 45002                |                              |                 | County<br>HAMILTON                |
|  |                              |                 |                                   |
| Building Approval Date                                     | Use Group/Code               | Occupancy Limit | Maximum Under 2 ½                 |
| Fire Inspection Approval Date                              | Food Service Risk Level      |                 |                                   |

| Inspection Information                            |                             |                                  |
|---|-----------------------------|----------------------------------|
| Inspection Type<br>Amendment - change of location | Inspection Scope<br>Partial | Inspection Notice<br>Unannounced |
| Inspection Date<br>08/09/2022                     | Begin Time 1:45 PM          | End Time 2:55 PM                 |
| Reviewer:<br>PAMELA DAUDISTEL                     |                             |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>26 | No. Rules with Non-compliances<br>2 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>2 |

| 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     |
| <b>Total Under 2 ½ Years</b>                              | 0                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 61               | 0          | 0         | 0     |

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



|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

### 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**

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

#### Moderate Risk Non-Compliances

**No Moderate Risk Non-Compliances were observed during this inspection**

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

#### Low Risk Non-Compliances

**Domain: 08 Staff Files**

**Rule: 5101:2-12-10 Professional Development Requirements**



**Code:** The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

**Finding:** In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

1. The child care staff member(s) had not completed at least six hours of professional development.
2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
3. Training topic did not meet the requirements listed in appendix A of this rule.
4. Documentation of training did not meet the requirements of this rule.
5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
6. Other [ ].

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

Corrective Action Plan Due: 09/14/2022

#### **Domain: 08 Staff Files**

**Rule:** 5101:2-12-08 Medical Statement

**Code:** The program staff medicals are required to include all information.

**Finding:** In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 4 (a).

1. Date of examination;
2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
3. A statement that verifies that the employee is:
  - a. Physically fit for employment in a program caring for children;
  - b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
  - c. Immunized against Measles, Mumps, and Rubella (MMR);
4. Tuberculosis (TB) screening/test
  - a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;
  - b. Results of a TB test for employees meeting both criteria in 4a;
  - c. Results of additional testing for employees with a positive TB test;
  - d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.



Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/14/2022

### Rules In-Compliance/Not Verified

| Rule   | Status       | Documenting Statement(s), If applicable   |
|--|--------------|---|
| Rule: 5101:2-12-02 License Posted            | Compliant    | Documenting Statement: The license was in a location visible to parents as required.  |
| Rule   | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-02 Current Information             | Not Verified |   |
| Rule   | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-03 Inspection Requirements         | Not Verified |   |
| Rule   | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Department Inspection  | Not Verified |   |
| Rule   | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Fire Inspection           | Compliant    | Documenting Statement: This program serves only school age children in a public or chartered non-public school building.                                      |
| Rule   | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-04 Food Service Requirements | Compliant    | Documenting Statement: The food service license for the school where the program was submitted (RL 4, exp 3/1/23), along with a letter of permission from the |





|   |              | school for the program to use their license.  |
|---|--------------|---|
| Rule  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-05 Denial, Revocation and Suspension                | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator Qualifications                     | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Administrator Responsibilities/Requirements      | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-07 Written Program Policies and Procedures    | Compliant    | Documenting Statement: The written policies and procedures reviewed during the change of location process were verified as complete.  |
| Rule  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Child Care Staff Member Educational Requirements | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-09 Background Check Requirements              | Compliant    | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed.  |
| Rule  | Status       | Documenting Statement(s), If applicable   |
| 5101:2-12-10 Health Training Requirements                     | Not Verified |   |
| Rule  | Status       | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Indoor Space Requirements                  | Compliant    | Documenting Statement: During the inspection, the requirements of the rule regarding indoor space were discussed. The program will use the gym in the mornings and the cafeteria in the |



|   |              | afternoons. The gym will be measured and added at the first annual inspection.   |
|---|--------------|--|
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Space Requirements         | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Play Equipment       | Compliant    | Documenting Statement: All equipment in the outdoor play space was observed to be anchored and stable.   |
| Rule: 5101:2-12-11 Outdoor Play Equipment       | Compliant    | Documenting Statement: Outdoor equipment was viewed to be safe and free of rust, sharp points, and other hazards.  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-11 Outdoor Play Fall Zones      | Compliant    | Documenting Statement: The protective material used under outdoor equipment was poured rubber surfacing. There were chunks of the top of the surface material loose, but the exposed material underneath was still spongy. |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment                     | Compliant    |  |
| 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 Environment | Compliant    |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing Requirements           | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free Environment             | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |



|  |               |  |
|--|---------------|--|
| 5101:2-12-13 Toothbrushing Requirements                        | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-15 Child Medical and Enrollment Records              | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-15 Medical/Physical Care Plans                       | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant     | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. Evacuation diagrams were posted and the JFS 1242 will be on the attendance clipboard that goes everywhere the groups go. |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-16 Emergency Drills                                  | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-16 First Aid/Standard Precautions                    | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-16 Management of Communicable Disease                | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-16 Incident/Injury Reporting                         | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| 5101:2-12-16 Written Disaster Plan                             | Not Verified  |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |
| Rule: 5101:2-12-17 Daily Schedule                              | Compliant     | Documenting Statement: Daily schedules were observed posted.   |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b>   |



|  |              |  |
|--|--------------|--|
| 5101:2-12-17 Materials and Equipment           | Not Verified |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Outdoor Play                | Not Verified |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity                  | Not Verified |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Ratio                             | Not Verified |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size                        | Not Verified |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records                | Not Verified |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision                       | Not Verified |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance                    | Not Verified |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping                  | Not Verified |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant    | Documenting Statement: The menu was posted on the Parent Info trifold display. |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements           | Not Verified |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Safe Food Handling/Storage        | Not Verified |  |
| Rule   | Status       | Documenting Statement(s), If applicable  |





|   |              |  |
|---|--------------|--|
| 5101:2-12-25 Medication<br>Administration | Not Verified |  |
|---|--------------|--|