

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 |
| YMCA @ GME | 2180018250 | | Child Care Center |
| Address 2700 Felicity Place Cincinnati OH 45211 | | | County HAMILTON |
| Building Approval Date | Use Group/Code E | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 03/23/2021 | Food Service Risk I Level IV | evel | • |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 11/29/2021 | Begin Time 2 | ::55 PM | End Time 4:10 PM | |
| Reviewer: KIM SUERMANN | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 2 | 0 | 0 | 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 |
| Total Under 2 ½ Years | 0 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 6 | 6 |
| School Age | | 0 | 28 | 28 |
| Total Capacity/Enrollment | 100 | 0 | 34 | 34 |

| Staff-Child Ratios at the Time of Inspection | | | | |
|----------------------------------------------|----------------------|--------|--------------|--|
| Group Age Group/Range Ratio Observed Comment | | | | |
| Group 1 | 4 years to < 5 years | 1 to 4 | After school | |



Domain: 05 Health & Safety

Rule: 5101:2-12-22 Fluid Milk Requirements

| Group 2 | School-Age to < 11 years | 1 to 10 | |
|---------|--------------------------|---------|--|
| Group 3 | School-Age to < 11 years | 1 to 8 | |

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 | | |
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| No Moderate Risk Non-Compliances were observed during this inspection | | |
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| Low Risk Non-Compliances | | |
| LOW RISK FOIL COMPILATION | | |



Code: The program is required to obtain written documentation when serving substitutions for fluid milk.

<u>Finding</u>: During the inspection, it was determined that required documentation for substitutions for fluid milk was not on file as noted in number(s) 3 below:

- 1. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants up to 12 months of age are served anything other than formula or breast milk.
- 2. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants and toddlers 12 months of age up to 24 months of age are served anything other than unflavored whole homogenized vitamin D fortified cow's milk, breast milk, or non-cow milk substitution that is nutritionally equivalent to milk.
- 3. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when toddlers and children 24 months of age and older are served anything other than unflavored one per cent milk that is vitamin A and D fortified, unflavored fat free or skim milk that is vitamin A and D fortified, or non-cow milk substitutions that are nutritionally equivalent to milk.- Chocolate milk was observed served.
- 4. Written parental consent for non-cow milk substitutions that are nutritionally equivalent to milk for children 12 months of age and older.

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Domain: 05 Health & Safety

Rule: 5101:2-12-16 First Aid/Standard Precautions

<u>Code</u>: The program is required to have a first aid kit onsite.

<u>Finding</u>: During the inspection, it was determined first aid kit(s) at the program had missing, or expired, items that are required by appendix A of this rule to be contained in a first aid kit, as noted in number(s) 9 below:

- 1. The program did not have a first aid kit [onsite, on the vehicle, on a field trip].
- 2. One roll of hypoallergenic first-aid tape.
- 3. Individually wrapped sterile gauze squares in assorted sizes.
- 4. Sterile adhesive bandages in assorted sizes.
- 5. Tweezers.
- 6. Gauze rolled bandage.
- 7. Triangular bandage.
- 8. Rounded end scissors.
- 9. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only).
- 10. A working digital thermometer.
- 11. Disposable non-latex gloves.
- 12. A working flashlight.

- 13. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.
- 14. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.
- 15. Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.
- 16. Soap or waterless sanitizer (field trip or transporting away from the program only).
- 17. Bottled water (field trip or transporting away from the program only).

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

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. |
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| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02 Current | Compliant | Documenting Statement: The program |
| Information | | had current information entered in the |
| | | Ohio Child Licensing and Quality System |
| | | (OCLQS). |
| | | |
| | <u> </u> | |
| 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 | | |
| -1 | 1 | |
| 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 3/23/22. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | FSO 020220C4S. |
| | | |
| 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 | bootimenting otatement(3), it applicable |
| Qualifications | Compilant | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | 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 |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| | | had current medical statements on file. |
| | | |
| Dulo | Chatus | Decumenting Statement(s) If a militable |
| Rule: 5101:2-12-08 Child Care Staff | Status | Documenting Statement(s), If applicable |
| | Compliant | Documenting Statement: All Child Care Staff Members had verification of |
| Member Educational Requirements | | |
| | | educational requirements on file at the |
| | | program. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| Rule | Status | Documenting Statement(s) If applicable |
| Rule: 5101:2-12-09 Background Check | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: During the |
| Requirements | Сопірнані | inspection, the required documentation |
| Nequilements | | mspection, 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 | Compliant | Documenting Statement(s), it applicable |
| Requirements | Compilant | |
| | | |
| 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 | Documenting statement(s), it applicable |
| Requirements | Compilant | |
| , | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement(s), it applicable |
| 3101.2 12 11 outdoor ridy Equipment | Compilant | |
| | | |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| Maier 3 10 112 12 12 3are 2 min o minerie | Compilant | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | · | inspection, the equipment was observed |
| | | clean and in good repair. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | bocumenting statement(s), if applicable |
| Requirements | | |
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| Deditions. | | |
|-------------------------------------------------|------------------|-----------------------------------------|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | | the inspection, 25% of the children's |
| | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | | the inspection, the complete prescribed |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| Dula | Chatus | Decressing Statements of anniaghts |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of Communicable Disease | Compilant | |
| Communicable Disease | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | Documenting statement(s), if applicable |
| Reporting | Compliant | |
| reporting | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | bocumenting statement(s), it applicable |
| 5101.2 12 10 WHILLEH DISASLEH HAH | Compilant | |
| | _ <u>I</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| , | · ' | were observed posted. |
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| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| <u> </u> | | <u> </u> |

| Dula | Chahara | Decrease the Chat |
|--------------------------------------|-----------|----------------------------------------------------------------------------------|
| Rule 5101:2-12-17 Daily Outdoor Play | 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 | S (" 11 |
| , , | · | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | bocamenting statement(3), it applicable |
| 5151.2 12 15 51 54p 512C | Compliant | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance | Compliant | Documenting Statement: Child Care Staff |
| Records | | Members were observed recording the |
| | | attendance for each child upon arrival |
| | | and documenting each child's departure. |
| | | |
| Rule | Status | Documenting Statement(c) If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement(s), If applicable Documenting Statement: Child Care Staff |
| Kule. 3101.2-12-19 Supervision | Compliant | Members were supervising the children |
| | | and were able to intervene as needed. |
| | | and were able to intervene as needed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| Dulo | Ctatus | Decumenting Statement (a) If a well-all |
| Rule 5101:2-12-22 Meal and Snack | Status | Documenting Statement(s), If applicable |
| Requirements | Compliant | |
| печинения | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | 2000 |
| Handling/Storage | | |
| - 0, 0 - | I | 1 |
| 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. |

