

# **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	ils		
Program Name	Program Number		Pro	gram Type
LCFYMCA At Central	2200022188		Chi	ld Care Center
Address			<b>C</b> οι	unty
6565 Summit Road SW Pataskala			LIC	KING
OH 43062				
Building Approval Date	Use Group/Code	Occupancy Limit		Maximum Under 2 ½
Fire Inspection Approval Date	Food Service Risk L	evel		
10/01/2021				

Inspection Information				
Inspection Type	Inspection S	соре	Inspection Notice	
Provisional	Full		Unannounced	
Inspection Date 10/25/2021	Begin Time S	9:50 AM	End Time 11:34 AM	
Reviewer:				
STEPHANIE WALT	ERS			
Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
57	4	0	0	5

Li	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		36	0	36	
School Age		0	0	0	
Total Capacity/Enrollment	154	36	0	36	

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Dinosaurs	4 years to < 5 years	1 to 13	at arrival



Dinosaurs	4 years to < 5 years	1 to 14	Lunch
Frogs	3 years to < 4 years	1 to 8	at arrival
Frogs	3 years to < 4 years	2 to 15	Lunch

#### **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-O3 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: 01 Ratio & Supervision



# Rule: 5101:2-12-18 Attendance Records

<u>Code</u>: The program is required to have the information listed in rule on all attendance records.

<u>Finding</u>: During the inspection, it was determined that the attendance records did not include the required information listed in number(s) 2, 5 below:

- 1. The name of the child.
- 2. The birth date of the child. Dinosaur room
- 3. The assigned group.
- 4. The child's weekly schedule.

5. The time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program. Frog Room

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

Corrective Action Plan Due: 11/24/2021

#### Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: 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.

- 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: 11/24/2021

### Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed within the previous 12 months from the employee's first day of employment.

<u>Finding</u>: In review of the staff records, it was determined that medical examination statement(s) on file at the program were not dated within 12 months of the employee's first day of employment, for the employee(s) listed on the Employee Record Chart. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/24/2021

# Domain: 08 Staff Files

<u>Rule</u>: 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.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education was not on file 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: 11/24/2021

#### Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 Child Medical and Enrollment Records <u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.



Finding: In review of 25% of the children's records, it was determined that completed medical statements were
not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in
number(s) 7 below:
1. No medical was on file for at least one child
2. Medical(s) on file were not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. Medical(s) were missing a statement that the child has been examined and is in suitable condition for
participation in group care
6. Medical(s) were missing the signature, business address and telephone number of the physician, physician's
assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
8. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized
or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code
and found in appendix A to this rule
9. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have
the child immunized against the disease for reasons of
conscience, including religious convictions
10. Other [ ]
Submit the program's corrective action plan to the Department to verify compliance with the requirements of
this rule.
Corrective Action Plan Due: 11/24/2021

# Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule 5101:2-12-13 Handwashing	Status Compliant	Documenting Statement(s), If applicable
		Documenting Statement(s), If applicable
5101:2-12-13 Handwashing		Documenting Statement(s), If applicable



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5101:2-12-04 Fire Approval	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of	Compliant	
Communicable Disease	Compliant	
communicable Discuse		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Compliant	
L	1	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Food License	Compliant	Documenting Statement: The food service
		license was observed posted. Following is
		the audit number and date of expiration:
		MGRY-BY5JYJ 3/1/22 .
	1	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-13 Sanitary	Compliant	Documenting Statement: On the day of
Equipment and Environment		the inspection, the program provided a
		clean environment in accordance with
		Appendix A of this rule, which included
		the furniture, materials and equipment.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 First Aid/Standard	Compliant	Documenting Statement: During the
Precautions		inspection, 2 first aid kits were reviewed
		and available as required.
		· · · · · · · · · · · · · · · · · · ·
Rule	Status	Documenting Statement(s), If applicable



Rule: 5101:2-12-11 Outdoor Play Fall Zones	Compliant	Documenting Statement: The protective surfaces under the outdoor equipment were not viewed during this inspection due to rain; however, the requirements were discussed.
Dula	Chatura	Decumenting Statement(s) If eaching his
Rule 5101:2-12-18 License Capacity	Status Compliant	Documenting Statement(s), If applicable
	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	
Handling/Storage		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Written Program	Compliant	
Policies and Procedures		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Compliant	
Requirements		
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.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and	Compliant	
Equipment		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Play	Compliant	Documenting Statement: The outdoor
Equipment		play space and equipment were not
		viewed during this inspection due to rain;
		however, the requirements were
		discussed.
Dula	Chabura	
Rule 5101:2-12-17 Daily Outdoor Play	Status Compliant	Documenting Statement(s), If applicable
	Compliant	
Rule	Status	Documenting Statement(c) If applies bla
5101:2-12-04 Building Approval	Status Compliant	Documenting Statement(s), If applicable



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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Space	Compliant	Documenting Statement: Outdoor play
Requirements		was not observed due to weather
		conditions however, the quarterly
		playground inspections were discussed
		and documentation was on file, as
		required.
Rule: 5101:2-12-11 Outdoor Space	Compliant	Documenting Statement: The quarterly
Requirements	complianc	playground inspection(s) [was/were]
		completed and documented, as required.
		The most recent inspection report form
		was dated 9/30/21.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-17 Daily Schedule	Compliant	Documenting Statement: Daily schedules
		were observed posted.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-20 Cots and Napping	Compliant	Documenting Statement: Cots/mats were
	compliant	assigned individually by a child's name
Pulo	Status	Documenting Statement(-) If any list his
Rule	Status Compliant	Documenting Statement(s), If applicable
Rule: 5101:2-12-12 Safe Equipment	Compliant	Documenting Statement: Equipment was observed to be in good condition.
		observed to be in good condition.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-15 Medical/Physical	Compliant	Documenting Statement: The program
Care Plans		had current information on the medical
		status and the required treatment plan
		for the children with health conditions.
Rule	Status	Documenting Statement(s), If applicable



5101:2-12-08 Orientation and Staff Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-10 Health Training	Compliant	Documenting Statement: The program
Requirements		had at least one Child Care Staff Member
		with currently valid training in First Aid,
		Management of Communicable Disease,
		CPR, and Child Abuse Prevention present
		and readily accessible during all hours of
		operation.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional		Documenting Statement(3), in applicable
	Compliant	
Development Requirements		1
Rule	Status	Decumenting Statement(a) If any list he
	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-12 Safe Environment	Compliant	Documenting Statement: A safe
		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: 5101:2-12-14 Transportation and	Compliant	Documenting Statement: The form(s) used by the program for routine and/or
Field Trip Procedures		
		field trips were verified to meet the requirements of the rule.
		requirements of the fule.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury	Compliant	
Reporting		
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
5101:2-12-18 Group Size	Compliant	
5101.2 12 10 0100p 5120		
1		
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
Rule: 5101:2-12-25 Medication	Compliant	Documenting Statement: The program
Administration and Food Supplements		had complete written documentation for administering medication or food supplements.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-09 Background Check	Compliant	Documenting Statement: During the
Requirements	Compliant	inspection, the required documentation regarding background checks was on file for all employees listed.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		