



## 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>YWCA KIDS PLACE AT HANBY          | Program Number<br>2230027861        | Program Type<br>Child Care Center |                    |
| Address<br>56 S State St. Westerville<br>OH 43081 |                                     |                                   | County<br>FRANKLIN |
| Building Approval Date                            | Use Group/Code                      | Occupancy Limit                   | Maximum Under 2 ½  |
| Fire Inspection Approval Date                     | Food Service Risk Level<br>Level IV |                                   |                    |

| Inspection Information         |                          |                                  |
|--------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Provisional | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>11/20/2023  | Begin Time 3:05 PM       | End Time 5:59 PM                 |
| Reviewer:<br>SARENA POWHIDA    |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>58 | No. Rules with Non-compliances<br>4 | No. Serious Risk<br>0 | No. Moderate Risk<br>1 | No. Low Risk<br>4 |

| 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          | 64        | 64    |
| <b>Total Capacity/Enrollment</b>                          | 72               | 0          | 64        | 64    |

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



|           |                          |         |       |
|-----------|--------------------------|---------|-------|
| Schoolage | School-Age to < 11 years | 4 to 46 | Snack |
| Schoolage | School-Age to < 11 years | 3 to 10 |       |
| Schoolage | School-Age to < 11 years | 2 to 4  | Gym   |

### 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**

### Moderate Risk Non-Compliances

#### Domain: 09 Children's Files

Rule: 5101:2-12-15 Medical/Physical Care Plans

Code: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

Finding: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number(s) 1, 21, 27, 28, 29, 30, 31, 44 below:

1. No plan was on file.  
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2. Child's name was missing.
3. Name of the condition was missing.
4. Indication if medication or medical food is required was missing.
5. Signs, symptoms or situations that require staff to take action were missing.



6. Activities, foods, environmental conditions to avoid were missing.
7. Training instructions for procedures for staff to follow were missing or incomplete.

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8. Child's name was missing or not attached.
9. Child's date of birth was missing or not attached.
10. Child's weight was missing or not attached.
11. Name of the medication/medical food was missing or not attached.
12. Dosage of medication/medical food to be administered was missing or not attached.
13. Time for medication/medical food to be administered was missing or not attached.
14. Expiration date for medication/medical food was missing or not attached.
15. Symptoms that require staff to administer medication/medical food were missing or not attached.
16. Specific instructions to administer the medication/medical food were missing or not attached.
17. Actions to be taken if the symptoms do not subside were missing or not attached.
18. Physician's signature was missing or not attached.
19. The date of the physician's signature was missing or not attached.

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20. Child's name was missing.
21. Instructions regarding emergency evacuation, if applicable, were missing.
22. Signature of parent granting permission to implement the plan and verifying training was missing.
23. Date of parent signature was missing.
24. Certified Professional Trainer information was missing.
25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
26. Date of trainer signature was missing.
27. Printed name(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
29. Date of staff signature was missing.
30. Administrator/Provider signature was missing.
31. Date of administrator/Provider was missing.

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32. Child's name was missing.
33. Name of medication or medical food was missing.
34. Date the medication/medical food was administered was missing.
35. Time medication/medical food was administered was missing.
36. Dosage of medication/medical food that was administered was missing.
37. Signature of person administering medication/medical food was missing.
38. The plan was not followed or implemented.
39. The plan was not able to be implemented due to conflicting information.
40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.





44. Medication listed in the procedures to follow was not onsite and available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/20/2023

#### Low Risk Non-Compliances

##### Domain: 03 Postings & Equipment

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency Plan" when necessary.

Finding: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number(s) 7 and 10 below:

1. The plan was not posted in each classroom.
2. The plan was not posted in other spaces used by children.
3. The name, address and telephone number of the program were not complete.
4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.
6. Location of children's records was not complete.
7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
8. The current version of the prescribed form was not used.
9. The plan was not implemented when necessary in that [ ]
10. Page two of the plan was not visible.

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

Corrective Action Plan Due: 12/20/2023



### Domain: 03 Postings & Equipment

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the fire and weather plans.

Finding: During the inspection, it was determined that the following information was not posted for item number(s) 3 below:

1. Fire alert plan, including a diagram indicating evacuation routes.
2. Weather alert plan was missing details for [ ].
3. Weather alert plan was missing a diagram indicating evacuation routes in that the diagram was behind the fire diagram and was not visible on the parent board.

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

Corrective Action Plan Due: 12/20/2023

### Domain: 05 Health & Safety

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

Code: The program is required to have a first aid kit onsite.

Finding: 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 and 13 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 required at this time.

Corrective Action Plan Due: 12/20/2023

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

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

**Code:** The program staff is required to have educational verification on file at the program.

**Finding:** In review of the staff records, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number(s) 1 below:

1. Verification of completion of a high school education was not on file.
2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.
3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

Submit the program's corrective action plan, which includes a copy of the education verification, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/20/2023



### Rules In-Compliance/Not Verified

| Rule                                           | Status    | Documenting Statement(s), If applicable                                                                                                                                          |
|------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5101:2-12-02 License Posted                    | Compliant |                                                                                                                                                                                  |
| 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 Requirements           | Compliant |                                                                                                                                                                                  |
| Rule                                           | Status    | Documenting Statement(s), If applicable                                                                                                                                          |
| 5101:2-12-04 Building Department Inspection    | Compliant |                                                                                                                                                                                  |
| Rule                                           | Status    | Documenting Statement(s), If applicable                                                                                                                                          |
| 5101:2-12-04 Fire Inspection                   | Compliant |                                                                                                                                                                                  |
| Rule                                           | Status    | Documenting Statement(s), If applicable                                                                                                                                          |
| Rule: 5101:2-12-04 Food Service Requirements   | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: BFRY-CPAMKG, expires 3/1/24 (public school's license) |
| Rule: 5101:2-12-04 Food Service Requirements   | Compliant | Documenting Statement: Written permission to operate under the food service license of another entity at the same location was observed.                                         |
| Rule                                           | Status    | Documenting Statement(s), If applicable                                                                                                                                          |
| 5101:2-12-05 Denial, Revocation and Suspension | Compliant |                                                                                                                                                                                  |
| Rule                                           | Status    | Documenting Statement(s), If applicable                                                                                                                                          |
| 5101:2-12-07 Administrator Qualifications      | Compliant |                                                                                                                                                                                  |
| Rule                                           | Status    | Documenting Statement(s), If applicable                                                                                                                                          |





|                                                               |           |                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5101:2-12-07 Administrator Responsibilities/Requirements      | Compliant |                                                                                                                                                                                                                                                           |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                   |
| 5101:2-12-07 Written Program Policies and Procedures          | Compliant |                                                                                                                                                                                                                                                           |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                   |
| Rule: 5101:2-12-08 Medical Statement                          | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding staff medical statements were discussed.                                                                                                                             |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                   |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant |                                                                                                                                                                                                                                                           |
| 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                                                                                                                                                                                                                   |
| Rule: 5101:2-12-10 Health Training Requirements               | Compliant | Documenting Statement: The program 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 Development Requirements            | Compliant |                                                                                                                                                                                                                                                           |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                   |
| 5101:2-12-11 Indoor Space Requirements                        | Compliant |                                                                                                                                                                                                                                                           |
| Rule                                                          | Status    | Documenting Statement(s), If applicable                                                                                                                                                                                                                   |
| Rule: 5101:2-12-11 Outdoor Space Requirements                 | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most                                                                                                                                          |





|                                                         |           | recent inspection report form was dated 8/31/23.                                                                                                                      |
|---------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |                                                                                                                                                                       |
| 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                   | Compliant |                                                                                                                                                                       |
| Rule                                                    | Status    | Documenting Statement(s), If applicable                                                                                                                               |
| Rule: 5101:2-12-13 Smoke Free Environment               | Compliant | Documenting Statement: A notice was observed posted stating that smoking is prohibited at the program.                                                                |
| Rule                                                    | Status    | Documenting Statement(s), If applicable                                                                                                                               |
| Rule: 5101:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement: At the time of the inspection, 25% of the children's enrollment records were reviewed, and the records were complete, as required by the rule. |
| 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                                     |
|-------------------------------------------------|-----------|-----------------------------------------------------------------------------|
| 5101:2-12-16 Management of Communicable Disease | Compliant |                                                                             |
| Rule                                            | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-16 Incident/Injury Reporting          | Compliant |                                                                             |
| Rule                                            | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-16 Written Disaster Plan              | Compliant |                                                                             |
| Rule                                            | Status    | Documenting Statement(s), If applicable                                     |
| 5101:2-12-17 Daily Schedule                     | Compliant |                                                                             |
| Rule                                            | Status    | Documenting Statement(s), If applicable                                     |
| Rule: 5101:2-12-17 Materials and Equipment      | Compliant | Documenting Statement: Sufficient equipment was observed in all categories. |
| Rule                                            | 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 |                                                                             |
| 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 |                                                                             |
| 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 |                                                                             |
| Rule                                            | Status    | Documenting Statement(s), If applicable                                     |



|                                                |           |                                                                                                      |
|------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|
| Rule: 5101:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The program served the following: afternoon snack: pretzels and cheese stick. |
| Rule                                           | Status    | Documenting Statement(s), If applicable                                                              |
| 5101:2-12-22 Safe Food Handling/Storage        | Compliant |                                                                                                      |
| Rule                                           | Status    | Documenting Statement(s), If applicable                                                              |
| 5101:2-12-25 Medication Administration         | Compliant |                                                                                                      |