

# **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          |                 | Program Type      |
| Findlay YMCA After Before School Services | 2230028401              |                 | Child Care Center |
| at Chamberlin Hill School                 |                         |                 |                   |
| Address                                   |                         |                 | County            |
| 600 West Yates Ave Findlay                |                         |                 | HANCOCK           |
| ОН  |                         |                 |                   |
| 45840                                     |                         |                 |                   |
|   |                         |                 |                   |
| Building Approval Date                    | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
|   | School Building         |                 |                   |
| Fire Inspection Approval Date             | Food Service Risk Level |                 |                   |
| 06/22/2023                                | Level III               |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Provisional            | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 03/27/2024             | 8:00 AM                        |                  | 8:45 AM           |              |
| Reviewer:              |                                |                  |                   |              |
| ELLEN WOODRUFF         |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
|                        |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57                     | 2                              | 0                | 1                 | 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  |                  | 0          | 25        | 25    |
| Total Capacity/Enrollment                                 | 87               | 0          | 25        | 25    |

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



| school age | School-Age to < 11 years | 2 to 11 |  |
|------------|--------------------------|---------|--|
| school age | School-Age to < 11 years | 3 to 15 |  |

## **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 |  |  |
|  |  |  |
|  |  |  |
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## **Moderate Risk Non-Compliances**

Domain: 09 Children's Files

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

<u>Code</u>: 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.

<u>Finding</u>: 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 numbers 27, 28, 29, 30, 31 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.
- (Page 2)
- 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.
- (Page 3)
- 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 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: 04/26/2024

### **Low Risk Non-Compliances**

### Domain: 05 Health & Safety

Rule: 5101:2-12-16 Incident/Injury Reporting

<u>Code</u>: The program is required to complete the JFS 01299 "Incident/Injury Report" for injuries and incidents at the program, provide a copy to the person who picks the child up on the day of the incident, and retain a copy of the form onsite at the program for one year.

<u>Finding</u>: In review of the records, it was determined the program did not meet the requirements for completing a JFS 01299 "Incident/Injury Report" as noted in number 5 below:

- 1. The JFS 01299 was not completed when a child became ill or received an injury which required first aid treatment.
- 2.The JFS 01299 was not completed when a child was transported to a source for emergency assistance.
- 3. The JFS 01299 was not completed when a child received a bump or blow to the head.
- 4. The JFS 01299 was not completed when an unusual or unexpected incident which jeopardized the safety of a child or employee of a program.
- 5. The parent or a person picking up the child did not receive the JFS 01299 on the day of the incident.
- 6. The program information (program name, number, address) was incomplete on the JFS 01299.
- 7. Child's name was incomplete on the JFS 01299.
- 8. Child's birthdate was incomplete on the JFS 01299.
- 9. Name of person(s) responsible for the child at the time of the incident was incomplete on the JFS 01299.
- 10. Number of children present in the group at the time of the incident was incomplete on the JFS 01299.
- 11. Date and/or time of the incident was incomplete on the JFS 01299.
- 12. Whether or not parents were contacted was incomplete on the JFS 01299.
- 13. Complete summary of the incident was incomplete on the JFS 01299.
- 14. Accurate summary of the incident was incomplete on the JFS 01299.
- 15. Name and/or signature of the person completing the form was incomplete on the JFS 01299.
- 16. The JFS 01299 was not kept on file at the program for at least one year.
- 17. Other [ ].

Submit the programs corrective action plan to verify compliance with this rule.

| Corrective Action Plan Due: 04/26/2024 |  |
|--|--|
|  |  |

# **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  |
| Rule: 5101:2-12-02 License Posted  | Compilant | <u> </u>                                |
|                                    |           | in a location visible to parents as     |
|                                    |           | required.                               |
| <u>L</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).                                |
|                                    |           |   |
|                                    |           |   |
| 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 Food Service          | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
| 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      |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-07 Written Program | Compliant | Documenting Statement: No changes       |
| Policies and Procedures            |           | have been made to the written policies  |

|  |                     | and procedures since it was last approved by this Department.   |
|--|---------------------|---|
| 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.  |
|  | I a                 |   |
| Rule: 5101:2-12-08 Orientation                             | Status              | Documenting Statement(s), If applicable   |
| Training & Whistle Blower Protection                       | Compliant           | Documenting Statement: On the day of the inspection, all child care staff members had met orientation training requirements.  |
| Dulo   | Ctatus              | Decumenting Statements of applicable  |
| Rule: 5101:2-12-09 Background Check                        | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: During the  |
| Requirements   | Compliant           | inspection, the required documentation regarding background checks was on file for all employees listed.  |
|  | I.                  |   |
| 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 5101:2-12-10 Professional Development Requirements    | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Dula   | Chahus              | Decumenting Chales and A. If any live I. I  |
| Rule<br>5101:2-12-11 Indoor Space<br>Requirements          | Status   Compliant  | Documenting Statement(s), If applicable   |
|  |                     |   |
| Rule 5101:2-12-11 Separation of Children Under 2 1/2 Years | Not Verified        | Documenting Statement(s), If applicable   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Space<br>Requirements           | Compliant           | Documenting Statement(s), it applicable  Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most   |

|   |                     | recent inspection report form was dated 3/13/2024.  |
|---|---------------------|---|
|   | C                   |   |
| S101:2-12-11 Outdoor Play Equipment                   | Status<br>Compliant | Documenting Statement(s), If applicable   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Play Fall Zones                  | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-12 Safe Equipment                     | Compliant           | Documenting Statement: Equipment was observed to be in good condition.  |
| Rule  | Chahara             | December Chatemant A I for a limbs  |
| Rule: 5101:2-12-12 Safe Environment                   | Compliant           | Documenting Statement(s), If applicable  Documenting Statement: Cleaning supplies were viewed stored out of the reach of children.  |
| 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: 5101:2-12-13 Sanitary Equipment and Environment | Compliant           | Documenting Statement: During the inspection, the equipment was observed clean and in good repair.  |
| L   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Handwashing Requirements           | Compliant           | Documenting Statement: Staff and children were observed washing hands as required by the rule.  |
| Rule  | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-13 Smoke Free                         | Compliant           | Documenting Statement: No smoking was   |
| Environment   |                     | allowed on the premises, and the notice   |
|   |                     | stating that smoking is prohibited was observed posted in a conspicuous place.  |
|   |                     | asserved posted in a completions place.   |
| Rule  | Status              | Documenting Statement(s), If applicable   |

| Beginning!                            |           |   |
|---------------------------------------|-----------|---|
| 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   |
| 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.        |
|                                       |           | posted in the program as regained.        |
|                                       | ·L        |   |
| 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.                   |
|                                       |           |   |
|                                       | ·L        |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the         |
| Precautions                           |           | inspection, the program had complete      |
|                                       |           | first aid kits available as required.     |
|                                       |           | mot and mits available as required.       |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Management of      | Compliant | Documenting Statement: The program        |
| Communicable Disease                  |           | staff stated parents were informed when   |
|                                       |           | their child had any exposure to a         |
|                                       |           | contagious illness by numbers 1, 5 below: |
|                                       |           | 2   |
|                                       |           | 1. A posted notice;                       |
|                                       |           | 2. Verbal communication;                  |
|                                       |           | 3. A written notice sent home;            |
|                                       |           | 4. A note posted on the classroom door;   |
|                                       |           | 5. Other: REMIND app.                     |
|                                       |           | J. Other. Neivinian app.                  |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-17 Daily Schedule     | Compliant | Documenting Statement: Daily schedules    |
| and some and                          | -3        | were observed posted.                     |
|                                       |           | Weile observed posted.                    |
| Rule: 5101:2-12-17 Daily Schedule     | Compliant | Documenting Statement: During the         |
| Maicr 3101.2 12 17 Daily Schedule     | Compilant | inspection, developmentally-appropriate   |
|                                       |           | practices were observed in the            |
|                                       |           | classroom(s).                             |
|                                       |           | ciassiouiii(s).                           |
|                                       |           |   |

| Rule                              | Status    | Documenting Statement(s), If applicable  |
|-----------------------------------|-----------|--|
| Rule: 5101:2-12-17 Materials and  | Compliant | Documenting Statement: Sufficient  |
| Equipment                         |           | 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  |
| Rule: 5101:2-12-18 Ratio          | Compliant | Documenting Statement: The Appendix A  |
| Naic. 3101.2 12 10 Natio          | Compilant | "Staff/Child Ratios, Age Grouping and  |
|                                   |           | Maximum Group Size" was posted in a  |
|                                   |           | noticeable area at the program as  |
|                                   |           | required.  |
|                                   |           | 1 Cquii Cui  |
| Rule: 5101:2-12-18 Ratio          | Compliant | Documenting Statement: Staff/child   |
|                                   |           | ratios observed during the inspection  |
|                                   |           | were in compliance.  |
|                                   |           | The second secon |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Group Size     | Compliant | Documenting Statement: The group sizes   |
|                                   |           | observed on the day of the inspection  |
|                                   |           | were in compliance.  |
|                                   |           |  |
|                                   |           |  |
| 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(s), If applicable  |
| Rule: 5101:2-12-19 Supervision    | Compliant | Documenting Statement: Child Care Staff  |
|                                   |           | Members were supervising the children  |
|                                   |           | and were able to intervene as needed.  |
|                                   |           |  |
|                                   |           |  |
| Rule                              | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate   |
|                                   | ·         | child guidance techniques and practices  |

|  |                     | were observed being used during the inspection.  |
|--|---------------------|--|
| Rule   | Status              | Decumenting Statement(s) If applicable   |
| Rule: 5101:2-12-22 Meal and Snack<br>Requirements                      | Compliant           | Documenting Statement(s), If applicable  Documenting Statement: Snacks were provided at intervals as required by this rule.  |
| Rule<br>5101:2-12-22 Safe Food   | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Handling/Storage   |                     |  |
| Rule<br>5101:2-12-25 Medication<br>Administration                      | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-08 Child Care Staff<br>Member Educational Requirements | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: All Child Care  Staff Members had verification of educational requirements on file at the program. |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Written Disaster<br>Plan                            | Compliant           | Documenting Statement: The program's written disaster plan was reviewed during the inspection and met the requirements.  |