

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 YOUTHLAND ACADEMY OF WEST CARROLLTON | Program Number 000000200046 | Program Type Child Care Center | |
| Address 303 FAME ROAD WEST CARROLLTON OH 45449 | | County MONTGOMERY | |
| Building Approval Date 05/25/2016 | Use Group/Code E with I-2 | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 05/14/2025 | Food Service Risk Level Level IV | | |

| Inspection Information | | |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type Annual | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 01/08/2026 | Begin Time 10:30 AM | End Time 1:30 PM |
| Reviewer: MARGARET CONRAD | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 58 | No. Rules with Non-compliances 1 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 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) | | 12 | 0 | 12 |
| Young Toddler | | 13 | 0 | 13 |
| Total Under 2 ½ Years | 49 | 25 | 0 | 25 |
| Older Toddler | | 10 | 0 | 10 |
| Preschool | | 40 | 0 | 40 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 120 | 50 | 0 | 75 |

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

| | | | |
|----------------|--------------------------|---------|--|
| PreK | 4 years to < 5 years | 1 to 11 | |
| PreK | 4 years to < 5 years | 1 to 11 | |
| PS 3 | Mixed Age Group | 2 to 9 | |
| PS 3 | Mixed Age Group | 2 to 9 | |
| Infants & Ones | Mixed Age Group | 2 to 10 | |
| Infants & Ones | Mixed Age Group | 2 to 10 | |
| Toddlers | Mixed Age Group | 2 to 11 | |
| Toddlers | 18 months to < 30 months | 2 to 11 | |
| PS1 | Mixed Age Group | 2 to 10 | |
| PS1 | Mixed Age Group | 2 to 10 | |
| PS 2 | 3 years to < 4 years | 1 to 8 | |
| PS 2 | 3 years to < 4 years | 1 to 8 | |

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 5180:2-12-03 and 5180:2-13-03 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

No Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-13 Sanitary Equipment and Environment

Code: The program is required to provide a clean restroom with the appropriate materials available.

Finding: During the inspection, it was determined that unsanitary conditions, as noted in number 6 below, were in the PS3 restroom:

1. There was no liquid soap.
2. There was no toilet paper.
3. There were no paper towels.
4. The toilet cleaning brush was accessible to the children.
5. The plunger was accessible to the children.
6. The toilet was not flushed.
7. The trash was not emptied from the day before.
8. There was a strong urine odor.
9. Other [].

The restroom(s) must be kept sanitary at all times. 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: 5180:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff on 4/9/25. |
|--|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department Inspection | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Food Service Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator Qualifications | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-05 Denial, Revocation and Suspension | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator Responsibilities/Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program Policies and Procedures | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Medical Statement | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional Development Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |

| | | |
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| 5180:2-12-13 Handwashing Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Child Medical and Enrollment Records | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care Plans | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 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 |
| 5180:2-12-16 First Aid/Standard Precautions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of Communicable Disease | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury Reporting | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Attendance Records | Compliant | Documenting Statement: Child Care Staff Members were observed recording the |

| | | attendance for each child upon arrival and documenting each child's departure. |
|--|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play was observed for the PS 3 group. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Ratio | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cribs | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food Handling/Storage | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |

| | | |
|---|---------------|--|
| 5180:2-12-23 Infant Daily Care | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: All bottles were labeled as required. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet Training | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication Administration | Compliant | |