

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 CARVER COMMUNITY CENTER | Program Number 000000400052 | Program Type Child Care Center | |
| Address 165 W. FOURTH ST CHILLICOTHE OH 45601 | | County ROSS | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 03/14/2025 | Food Service Risk Level | | |

| Inspection Information | | | | |
|-------------------------------|-------------------------------------|----------------------------------|------------------------|-------------------|
| Inspection Type Follow-up | Inspection Scope Full | Inspection Notice Unannounced | | |
| Inspection Date 04/03/2025 | Begin Time 9:32 AM | End Time 11:10 AM | | |
| Reviewer: Sara Goke | | | | |
| Summary of Findings | | | | |
| No. Rules Verified 18 | No. Rules with Non-compliances 2 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 3 |

| 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 | 12 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 10 | 0 | 10 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 100 | 10 | 0 | 10 |

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

| | | | |
|-----------|----------------------|--------|--|
| Preschool | 4 years to < 5 years | 3 to 7 | |
| Preschool | 4 years to < 5 years | 3 to 7 | |

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

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 follow the cleaning schedule for equipment.

Finding: During the inspection, it was determined that the program was not providing a clean and healthy environment, furniture, materials and equipment as required by Appendix A, as noted in number(s) 15 below:

1. Item(s) soiled with blood or bodily fluids were not cleaned/sanitized immediately.
2. Blankets/sheets were not cleaned weekly, when soiled, or before use by another child.
3. Children's individual blankets and belongings were stored in an unsanitary manner.
4. Bottles, bottle caps, nipples and other equipment used for bottle feeding were not cleaned and sanitized in a dishwasher or by washing, rinsing, and boiling for one minute.
5. Carpets were not vacuumed weekly or cleaned when soiled.
6. Changing table/pad was not sanitized after each use or cleaned when visibly soiled.
7. Reusable cloths were not being washed daily or when visibly soiled.
8. Cots/Pads/Mats were not cleaned and sanitized before assigning to a different child, when used by a sick child, when soiled or at least every three months.
9. Cribs were not cleaned and sanitized monthly, or when soiled, or before use by another child.
10. Diaper Receptables were not cleaned and sanitized daily or more frequently as needed to eliminate odor.
11. Dishes/Cups/Silverware were not cleaned and sanitized after each use.
12. Water Containers were not labeled with the child's name, or were not cleaned and sanitized before use again on another day.
13. Dividers were not cleaned when visibly soiled.
14. Dress up clothes and hats (dramatic play) were not cleaned monthly or when soiled.
15. Floors were not cleaned weekly or when soiled.
16. The food prep area, including sinks, were not cleaned before and after preparing food (including bottle preparation) or between preparing raw or cooked food.
17. Potty chairs were not cleaned after each use, rinsed with water, cleaned and sanitized or contents were not emptied into a toilet.
18. Food tables, highchair trays were not cleaned before and after each use.
19. Tables used for play were not cleaned when visibly soiled or sanitized daily.
20. Toilet bowls were not cleaned when visibly soiled or sanitized weekly.
21. Toilet seat(s), handle(s) and hand washing sink(s) were not cleaned when visibly soiled or sanitized daily.
22. Mouthed toys were not cleaned and sanitized after each child's use.
23. Toys, other than those mouthed by children, were not cleaned monthly or when visibly soiled.
24. Washable furniture, including fabrics on infant equipment, were not cleaned weekly or when soiled.
25. Upholstered furniture was not steam cleaned when soiled.
26. Slip covers were not washed at least every six months or when soiled.
27. Wastebaskets/rinse buckets, including lids, were not being emptied daily or cleaned and sanitized when visibly soiled.
28. The manufacturer's directions for the cleaning product were not followed.
29. The solution used for sanitizing was not a commercial product registered by the United States Environmental Protection Agency as a sanitizer.
30. Other [].

Furniture, materials and equipment must be maintained according to the cleaning and sanitizing schedule in Appendix A to this rule. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Domain: 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(s) 6 below, were in the PS 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(s) were 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.

Domain: 09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records

Code: 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) 1 below:

1. No medical was on file for at least one child
2. Medical(s) on file was 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. The date of the exam was more than 13 months prior to the date the form was signed.
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. 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
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. 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
10. 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
11. Other []

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

Corrective Action Plan Due: 05/07/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5180:2-12-16 Written Disaster Plan | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department Inspection | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5180:2-12-03 Inspection Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|--|
| Rule: 5180:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: Documentation of a fire inspection without any uncorrected violations must be secured for the program. Secure a new fire inspection by 3/14/26. |
| Rule: 5180:2-12-04 Fire Inspection | Compliant | Documenting Statement: Although the program had documentation of a current fire inspection without any uncorrected violations at the time of the licensing inspection, the program did not have the fire inspection completed within 12 months from the date of the last fire inspection without any uncorrected violations. Please ensure that fire inspections are completed in accordance with the rule requirements. |

| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------|---|
| 5180:2-12-04 Food Service Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------|---|
| 5180:2-12-05 Denial, Revocation and Suspension | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5180:2-12-07 Administrator Qualifications | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------|---|
| 5180:2-12-07 Administrator Responsibilities/Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------|---|
| 5180:2-12-07 Written Program Policies and Procedures | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------|--------------|---|
| 5180:2-12-08 Medical Statement | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional Development Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |

| | | |
|--|--------------|---|
| 5180:2-12-13 Handwashing Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Toothbrushing Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free Environment | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Driver Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field Trip Procedures | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Vehicle Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care Plans | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury Reporting | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard Precautions | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of Communicable Disease | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |

| | | |
|--|---------------|--|
| 5180:2-12-17 Materials and Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Ratio | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Not Verified | |
| 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 Child Guidance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack Requirements | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food Handling/Storage | Not Verified | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|--------------|---|
| 5180:2-12-25 Medication Administration | Not Verified | |