

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 | Program Number | | Program Type | |
| WESTFALL Y CLUB | 000000400373 | | Child Care Center | |
| Address 9391 STATE ROUTE 56 WEST WILLIAMSPOR OH 43164 | | | County PICKAWAY | |
| Building Approval Date | Use Group/Code School Building | Occupancy Limit | Maximum Under 2 ½ | |
| Fire Inspection Approval Date 09/21/2016 | Food Service Risk Level Level III | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Follow-up | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 05/13/2024 4:00 PM | | | 5:15 PM | | |
| Reviewer: | Reviewer: | | | | |
| JO ELLEN MORTON-CONRAD | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 6 | 1 | 0 | 0 | 0 | |

| 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 | 22 | 22 | |
| Total Capacity/Enrollment | 36 | 0 | 22 | 22 | |

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



| SA | School-Age to < 11 years | 2 to 16 | |
|--------------|--------------------------|---------|--|
| 5 , . | 00.10017.8010 | | |

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 | | |
| No Moderate Risk Non-Compliances were observed during this inspection | | |
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| Low Risk Non-Compliances | | |
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No Low Risk Non-Compliances were observed during this inspection



| | Section 2 |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|------------------------|---|
| 5101:2-12-02 License Posted | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified | Documental gottes mention, mappingus in |
| | | |
| Rule | Ctatus | Decumenting Statement(s) If anyther his |
| | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection Requirements | Not verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Not Verified | |
| Inspection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Not Verified | Documenting Statement(s), it applicable |
| 3101.2-12-04 Fire hispection | Not vermed | |
| | _ | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | Documenting statement(3), it applicable |
| Suspension | 1400 VCIIIICA | |
| - Caspension | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|--------------|--|
| 5101:2-12-07 Administrator | Not Verified | 3(7) |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not Verified | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
| | l | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Not Verified | a comment of the comm |
| Whistle Blower Protection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | |
| Requirements | | |
| | T - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Not Verified | bocumenting statement(s), if applicable |
| Requirements | Not vermed | |
| | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Not Verified | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
|--|---------------------|---|
| Rule: 5101:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: During the |
| Zones | | inspection, the requirements of the rule |
| | | regarding outdoor play fall zones were |
| | | discussed. Staff and children both stated |
| | | they are not using the spinning |
| | | equipqment. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Not Verified | , , , , , , , , , , , , , , , , , , , |
| Environment | | |
| | I a | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing Requirements | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Not Verified | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | bocumenting statement(s), if applicable |
| Requirements | Not vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Not Verified | |
| Trip Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Not Verified | |
| Requirements | | |
| Dula | Chatura | D |
| Rule 5101:2-12-14 Transportation - Vehicle | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle Requirements | NOT VEHILLER | |
| neganement | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Not Verified | |
| Enrollment Records | | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|----------------------|---|
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: During the |
| Care Plans | | inspection, the requirements of the rule |
| | | regarding caring for children with a |
| | | specific health condition were discussed. |
| | | Center showed medication care plans. All |
| | | were in compliant |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Not Verified | |
| General Emergency Plan | | |
| Dula | Chahara | December 2 (tests or early) If any lively |
| Rule | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | |
| Precautions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | - |
| Communicable Disease | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | |
| Reporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Not Verified | bocumenting statement(s), if applicable |
| Equipment | Not verified | |
| | -1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
| | | regarding staff/child ratios were |

| | | discussed. Staff acknowledged they are |
|--|---------------------|--|
| | | aware if someone goes to answer the door another staff member must be with |
| | | the children that are in the gym. |
| | | the children that are in the gym. |
| | | |
| 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 | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | |
| L | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Not Verified | Documenting statement(s), it applicable |
| 3101.2 12 20 61103 | Not vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Not Verified | |
| Care | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | Documenting statement(s), it applicable |
| Requirements | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | Documenting Statement(s), if applicable |
| Handling/Storage | 1.100 VCI IIICA | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | |
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| Pulo | Chatus | Decumenting Statement/s) If applicable |
| Rule 5101:2-12-23 Infant Bottle and Food | Status Not Verified | Documenting Statement(s), If applicable |
| Preparation | INOU VEHILLEU | |
| 1 Toparation | 1 | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5101:2-12-23 Diapering and Toilet | Not Verified | |
| Training | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Not Verified | |
| Safety Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Not Verified | |
| Administration | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | |
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