

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 Deta | ils | | |
|---------------------------------------|----------------------|-----------------|-------------------|-----|
| Program Name | Program Number | | Program Type | |
| WESTFALL Y CLUB | 000000400373 | | Child Care Center | |
| | | | | |
| Address | 44 | | County | |
| 9391 STATE ROUTE 56 WEST WILLIAMSPORT | . | | PICKAWAY | |
| ОН | | | | |
| 43164 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 | 2 ½ |
| | | | | |
| Fire Inspection Approval Date | Food Service Risk Le | evel | | |
| 12/10/2024 | Level III | | | |

| | Inspection Information | | | | |
|--------------------|--------------------------------|-------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 03/24/2025 | 3:30 PM | | 5:00 PM | | |
| Reviewer: | Reviewer: | | | | |
| Colleen Adkinson | | | | | |
| | Sur | nmary of Findings | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 3 | 0 | 0 | 3 | |

| License Capacity and Enrollment at the Time of Inspection | | | | spection |
|---|------------------|-----------|-----------|----------|
| Age Group | License Capacity | | Enr | ollment |
| | 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 | 24 | 24 |
| Total Capacity/Enrollment | 36 | 0 | 24 | 24 |

| S | taff-Child Ratios at the Time of I | nspection | |
|-------|------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |



| School Age | School-Age to < 11 years | 2 to 9 | |
|------------|--------------------------|--------|--|

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 |
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| No Serious Risk Non-Compliances were observed during this inspection |
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| Madausta PidaNau Camulianaa |
| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
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| 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.

<u>Finding</u>: 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. Carpet was visibly dirty/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: 08 Staff Files

Rule: 5180:2-12-08 Orientation Training & Whistle Blower Protection

<u>Code</u>: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) did not meet the requirements for completing the online orientation training as noted in number(s) 3 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
- 2. Documentation of completing the training after December 31, 2016 was not on file.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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

Corrective Action Plan Due: 04/30/2025

Domain: 09 Children's Files

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

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 4 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information (page 1)
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information



- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other []

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 |
|------------------------------------|-----------|---|
| 5180:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| 5180:2-12-04 Fire Inspection | Compliant | |
|--------------------------------------|-----------------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement: The program |
| Requirements | Compliant | has obtained a food service exemption |
| Requirements | | status from the local health department. |
| | | |
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| 5 | | the audit number and date of expiration: |
| | | CSCH-DE2PBM; 3/1/2026. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | 5 |
| Responsibilities/Requirements | - Somphanic | |
| | Į: | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program | Compliant | |
| Policies and Procedures | <i>*</i> | |
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| 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 | Compliant | |
| Educational Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-09 Background Check | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement (s) If applicable |
| 5180:2-12-10 Health Training | Compliant | Documenting Statement(s), If applicable |
| Requirements | Compilant | |
| починенны | <u>I</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional | Compliant | |
| Development Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Compliant | |
| Requirements | I see a see a la company of | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-------------|--|
| 5180:2-12-11 Outdoor Space | Compliant | bocumenting statement(3), if applicable |
| Requirements | Compilant | |
| requirements | * | |
| Rule | Status | Documenting Statement/s) If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | Documenting Statement(s), If applicable |
| 3180.2-12-12 Sale Equipment | Compilant | |
| <u></u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | bocumenting statement(s), if applicable |
| 5100.2 12 11 Outdoor Flay Equipment | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | Decamenant Section (e), it approaches |
| 3100.2 12 11 Outdoor Flay Fair Zones | Compilation | |
| | 1 | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Compliant | 0 |
| SIGNE IE IE GATE ENVIRONMENT | Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| Requirements | <u>l</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free | Compliant | Boodinerting Statement(S), it approaches |
| Environment | Compilant | |
| Livironnient | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care | Compliant | bocumenting statement(s), if applicable |
| Plans | Compliant | |
| Fidils | | |
| Rule | Chabina | Decumentian Chatana and a life and inclination |
| 100000000000000000000000000000000000000 | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| D. I | CL | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills | Compliant | |
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| Dule | Ctatus | Decumenting Statement (a) If a well-asking |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------------------------------|---|
| 5180:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and | Compliant | 0 |
| Equipment | | |
| 37 70 1 900000000000 | , | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | |
| • | Sections and the Property Section | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Compliant | |
| | <u> </u> | |
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| Rule 5100 2 12 10 C | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement(s), if applicable |
| 3180.2-12-17 Daily Outdoor Flay | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | |
| . , | ' | |
| | 47 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Ratio | Compliant | |
| | | |
| - 1 | T a | |
| 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 | booking statement(s), it applicable |
| 3100.2 12 13 Clina Galdanec | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack | Compliant | |
| Requirements | , | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| - | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
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|-------------------------|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication | Compliant | |
| Administration | | |