

# **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            | ails            |                    |
|---|-------------------------|-----------------|--------------------|
| Program Name  | Program Number          |                 | Program Type       |
| CARE AFTER SCHOOL - WILSON HILL                           | 000000403209            |                 | Child Care Center  |
| Address<br>6500 NORTHLAND BOULEVARD WORTHINGT<br>OH 43085 | ŌN                      |                 | County<br>FRANKLIN |
|   | -                       |                 |                    |
| Building Approval Date                                    | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½  |
|   | School Building         | 70              |                    |
| Fire Inspection Approval Date                             | Food Service Risk Level |                 |                    |
|   | Level III               |                 |                    |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | соре             | Inspection Notice |              |  |
| Annual                 | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time 2                   | ::30 PM          | End Time 5:30 PM  |              |  |
| 10/16/2023             |                                |                  |                   |              |  |
| Reviewer:              |                                |                  |                   |              |  |
| Colleen Adkinson       |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 58                     | 0                              | 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          | 65        | 65    |
| Total Capacity/Enrollment                                 | 75               | 0          | 65        | 65    |

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



| K-3rd   | School-Age to < 11 years | 2 to 32 |  |
|---------|--------------------------|---------|--|
| 3rd-5th | School-Age to < 11 years | 3 to 33 |  |

### **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



## No Low Risk Non-Compliances were observed during this inspection

|  | <br> |  |
|--|------|--|
|  |      |  |
|  |      |  |

## **Rules In-Compliance/Not Verified**

| Rule                               | Status    | Documenting Statement(s), If applicable     |
|------------------------------------|-----------|---|
| 5101:2-12-02 License Posted        | Compliant |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-02 Current Information   | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| 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 Building Department   | Compliant |   |
| Inspection                         |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: This program         |
|                                    |           | serves only school age children in a public |
|                                    |           | or chartered non-public school building.    |
|                                    |           |   |
|                                    | •         | · · ·                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| 5101:2-12-04 Food Service          | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable     |



Department of Education Department of Job and Family Services

| 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 |
| 5101:2-12-07 Written Program         | Compliant |   |
| Policies and Procedures              |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement       | Compliant |   |
|                                      | Compliant |   |
|                                      | I         | I                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training &  | Compliant |   |
| C C                                  | Compliant |   |
| 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         | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional            | Compliant |   |
| Development Requirements             |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space            | Compliant |   |
| •                                    | compliant |   |
| Requirements                         |           |   |
| Dula                                 | Chathar   |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space           | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant |   |
| · · ·                                | -         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment          | Compliant |   |
|                                      |           |   |



| Dula                                | Chatura   | Desumenting Statement(s) If emplicable  |
|-------------------------------------|-----------|---|
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment       | Compliant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | Documenting statement(s), it applicable |
| Environment                         | Compliant |   |
| Environment                         |           |   |
| Pula                                | Status    | Desumanting Statement(c) If applicable  |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing            | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free             | Compliant |   |
| Environment                         |           |   |
|                                     | • · ·     |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and      | Compliant |   |
| Enrollment Records                  |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care  | Compliant |   |
| Plans                               |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and   | Compliant |   |
| General Emergency Plan              |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard     | Compliant |   |
| Precautions                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of          | Compliant |   |
| Communicable Disease                |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury        | Compliant |   |
| Reporting                           |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan  | Compliant |   |
|                                     |           |   |



| Rule                                 | Status              | Documenting Statement(s), If applicable |
|--------------------------------------|---------------------|---|
| 5101:2-12-17 Daily Schedule          | Compliant           |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and           | Compliant           |   |
| Equipment                            | Compliant           |   |
| Equipment                            |                     |   |
| 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           |   |
|                                      |                     |   |
| Bula                                 | Statuc              | Decumenting Statement(s) If applicable  |
| Rule<br>5101:2-12-18 Ratio           | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                      |                     |   |
| L                                    | 1                   |   |
| 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      | Compliant           |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision             | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance          | Compliant           |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack          | Compliant           |   |
| Requirements                         |                     |   |
|                                      | 1                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food               | Compliant           |   |
| Handling/Storage                     |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |



| 5101:2-12-25 Medication<br>Administration                        | Compliant |   |
|--|-----------|---|
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member<br>Educational Requirements | Compliant |   |
|  |           |   |