

## **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   | ils             |                   |
|---------------------------------|--|-----------------|-------------------|
| Program Name                    | Program Number   |                 | Program Type      |
| WALNUT CREEK Y-CLUB             | 000000407668   |                 | Child Care Center |
|                                 |  |                 |                   |
| Address                         | (e   |                 | County            |
| 5600 GRAND OAK BOULEVARD GALENA |  |                 | DELAWARE          |
| ОН                              |  |                 |                   |
| 43021                           |  |                 |                   |
|                                 |  |                 |                   |
| Building Approval Date          | Use Group/Code   | Occupancy Limit | Maximum Under 2 ½ |
|                                 | and the second s | 147 64          |                   |
| Fire Inspection Approval Date   | Food Service Risk Le   | evel            |                   |
|                                 | Level IV   |                 |                   |

|                    | Insp                           | ection Information |                   |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | cope               | Inspection Notice |              |
| Annual             | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 09/16/2025         | 3:30 PM                        |                    | 5:00 PM           |              |
| Reviewer:          |                                |                    |                   |              |
| ANNE BLANKESTY     | N                              |                    |                   |              |
|                    | Sur                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                 | 0                              | 0                  | 0                 | 0            |

| Li                        | cense Capacity ar | nd Enrollme | ent at the Time of In | 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                |                   | 63          | 0                     | 63       |
| Total Capacity/Enrollment | 90                | 63          | 0                     | 63       |

| 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 34 | PM arrival |
|------------|--------------------------|---------|------------|
| School Age | School-Age to < 11 years | 2 to 30 |            |

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



| No Low Risk Non-Compliances were observed during this inspection |  |
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## Rules In-Compliance/Not Verified

|                                    | Rules III-Compilance/                   | 1100 Vermica                                |
|------------------------------------|---|---|
|                                    |   |   |
|                                    |   |   |
| Rule                               | Status                                  | Documenting Statement(s), If applicable     |
| 5180:2-12-16 Written Disaster Plan | Compliant                               |   |
| Rule                               | Status                                  | Documenting Statement(s), If applicable     |
|                                    |   | Documenting Statement(s), it applicable     |
| 5180:2-12-02 License Posted        | Compliant                               |   |
| Rule                               | Status                                  | Documenting Statement(s), If applicable     |
| Rule: 5180:2-12-04 Building        | Compliant                               | Documenting Statement: This program         |
| Department Inspection              | Compilation                             | serves only school age children in a public |
| Department inspection              |   |   |
|                                    |   | or chartered non-public school building.    |
| Rule                               | Status                                  | Documenting Statement(s), If applicable     |
|                                    | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | Documenting Statement(s), if applicable     |
| 5180:2-12-02 Current Information   | Compliant                               |   |
| Rule                               | Status                                  | Documenting Statement(s), If applicable     |
| 5180:2-12-03 Inspection            | Compliant                               | bocumenting statement(s), if applicable     |
| 4.5                                | Compliant                               |   |
| Requirements                       |   |   |
| Rule                               | Status                                  | Documenting Statement(s), If applicable     |
| Rule: 5180:2-12-04 Fire Inspection | Compliant                               | Documenting Statement: This program         |
|                                    |   | serves only school age children in a public |
|                                    |   | or chartered non-public school building.    |
|                                    | 1                                       |   |



| Rule Status Documenting Statement(s), If  5180:2-12-04 Food Service Compliant  Requirements  Rule Status Documenting Statement(s), If | applicable |
|---|------------|
| Requirements  |            |
|   | 1          |
| Rule Status Documenting Statement(s), If  |            |
| 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  |            |
| Responsibilities/Requirements   |            |
|   |            |
| Rule Status Documenting Statement(s), If  | applicable |
| 5180:2-12-07 Written Program Compliant  |            |
| Policies and Procedures   |            |
|   |            |
| 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 |
| 5180:2-12-08 Orientation Training & Compliant   |            |
| Whistle Blower Protection   |            |
|   |            |
| 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  |            |
| Requirements  |            |
|   | 251 200° T |
| Rule Status Documenting Statement(s), If  | applicable |
| 5180:2-12-10 Professional Compliant   |            |
| Development Requirements  |            |
|   | 022        |
| Rule Status Documenting Statement(s), If  | applicable |
| 5180:2-12-11 Indoor Space Compliant   |            |
| Requirements  |            |
|   |            |
| Rule Status Documenting Statement(s), If  | applicable |
| 5180:2-12-11 Outdoor Space Compliant  |            |
| Requirements  |            |
|   |            |
| 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    | Decumenting Statement(s) If applicable  |
| 5180:2-12-11 Outdoor Play Fall Zones  | Compliant | Documenting Statement(s), If applicable   |
| J180.2-12-11 Outdoor Flay Fair Zories | Compilant |   |
| L                                     |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-12 Safe Environment         | Compliant | 3   |
|                                       |           |   |
| 8                                     |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-13 Sanitary Equipment and   | Compliant |   |
| Environment                           |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-13 Handwashing              | Compliant |   |
| Requirements                          |           |   |
|                                       |           | -   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-13 Smoke Free               | Compliant |   |
| Environment                           |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-15 Child Medical and  | Compliant | Documenting Statement: At the time of   |
| Enrollment Records                    |           | the inspection, 25% of the children's   |
|                                       |           | records were reviewed, and the records  |
|                                       |           | were complete, as required by the rule.   |
| L                                     |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-15 Medical/Physical   | Compliant | Documenting Statement: The program  |
| Care Plans                            |           | had current information on the medical  |
|                                       |           | status and the required treatment plan for the children with health conditions. |
|                                       |           | for the children with health conditions.  |
| <u> </u>                              | I         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-16 Medical, Dental, and     | Compliant | Documenting Statement(s), if applicable   |
| General Emergency Plan                | Compilant |   |
| General Emergency Fight               | I         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-16 Emergency Drills         | Compliant | Documenting Statement(s), if applicable   |
| 3100.2 12 10 Line gency Dillis        | Compliant |   |
| <u> </u>                              | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|                                       |           | (-//  |



| 5180:2-12-16 First Aid/Standard  | Compliant  |  |
|--|--|--|
| Precautions  |  |  |
|  | <u>L</u>   | Į.                                       |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Management of   | Compliant  |  |
| Communicable Disease   | 1  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Incident/Injury   | Compliant  |  |
| Reporting  | '  |  |
|  | I.   |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Materials and   | Compliant  |  |
| Equipment  | The second secon |  |
| •  | <u>.</u>   | 1  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Daily Schedule  | Compliant  | (7)                                      |
|  | several processing   |  |
|  | <u>,</u>   |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-18 Attendance Records  | Compliant  |  |
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| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-18 Group Size  | Compliant  |  |
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| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Daily Outdoor Play  | Compliant  |  |
|  |  |  |
| D  |  | D C                                      |
| 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  | Documenting Statement(s), if applicable  |
| 3180.2-12-18 Natio   | Compilant  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-19 Supervision   | Compliant  | bootheriting statement(s), it applicable |
| 5 15 5 12 15 Supervision   | Compilation  |  |
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| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-19 Child Guidance  | Compliant  | ,  |
|  | The state of the s |  |
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| Rule   | Status   | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Meal and Snack  | Compliant  |  |
| Requirements   |  |  |
| Commence   Control control was respectively (Control of Control of | 1  |  |



| 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           |  |
|  |                     |  |
|  | M                   |  |
|  | F                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule Rule: 5180:2-12-25 Medication   | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: The program                                |
| Maria 1990 - Maria |                     |  |
| Rule: 5180:2-12-25 Medication  |                     | Documenting Statement: The program had complete written documentation for                                  |
| Rule: 5180:2-12-25 Medication  |                     | Documenting Statement: The program had complete written documentation for administering medication or food |
| Rule: 5180:2-12-25 Medication  |                     | Documenting Statement: The program had complete written documentation for                                  |