

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 | nils | |
|---------------------------------------|---------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| Washington County Children's Learning | 000000408220 | | Child Care Center |
| Center at Ewing | | | |
| Address | | | County |
| 1701 COLEGATE DRIVE MARIETTA | | | WASHINGTON |
| OH 45750 | | | |
| | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 12/31/1981 | E | 34 | |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 09/06/2023 | Level IV | | |

| Inspection Information | | | | | | |
|-------------------------------|--------------------------------|------------------|----------------------------------|--------------|--|--|
| Inspection Type Annual | Inspection So Full | cope | Inspection Notice Unannounced | | | |
| Inspection Date 10/26/2023 | Begin Time 6 | :11 AM | End Time 9:22 AM | | | |
| Reviewer: Sara Goke | | | | | | |
| | 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 | | |

| Li | cense Capacity ar | nd Enrollme | ent at the Time of Ir | 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 | 17 | 17 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 34 | 0 | 17 | 17 |

| Si | taff-Child Ratios at the Time of Ins | pection | |
|-------|--------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |



| Preschool 3 years to < 4 years 3 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

| Moderate Risk Non-Compliances | |
|---|--|
| In Madavata Disk New Compliances were absorbed during this inspection | |
| Io Moderate Risk Non-Compliances were observed during this inspection | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Low Risk Non-Compliances

No Low Risk Non-Compliances were observed during this inspection



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 |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: A copy of the |
| Department Inspection | | certificate of occupancy was available on- |
| | | site for review. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 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 9/6/24. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: KMIR-CPHLC5, 3/1/24. |
|---|-----------|--|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| 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 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |
| Whistle Blower Protection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Compliant | |
| Requirements | Compliant | |
| | 1 | |
| 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 | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5101:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 8/26/23. |
|--|---------------------|---|
| | | |
| Dula | Chattan | |
| Rule 5101:2-12-11 Outdoor Play Equipment | Status Compliant | Documenting Statement(s), If applicable |
| | compliant | |
| Rule | Status | Desumenting Statement(c) If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement(s), If applicable |
| | compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | compliant | |
| Pulo | Status | Decumenting Statement(s) If any lists |
| Rule 5101:2-12-12 Safe Environment | Status | Documenting Statement(s), If applicable |
| STOT:2-12-12 Sale Environment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and Environment | Compliant | |
| Livionnen | | |
| 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 |
| 5101:2-12-13 Toothbrushing Requirements | Compliant | |
| | 1 | J |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| 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 | | |
| | | |
| Dula | Chatura | |
| 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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | • | |
| | | |
| Rule | Chatura | Decumenting (teterment/a) If emplicable |
| | 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 | 5 (<i>n</i> 11 |
| | compliant | |
| Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | Sompliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | - | |
| | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), it applicable |
| 5101:2-12-18 Ratio | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| 5101.2-12-10 010up 312c | Compliant | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-18 Attendance Records | Compliant | |
| | compilant | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | <u> </u> |
| · | • | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Compliant | |
| Care | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| | | |
| 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 |
| 5101:2-12-24 Swimming and Water | Compliant | |
| Safety Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Compliant | |
| Administration | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| | | |
| | | |