

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 |
| YMCA CHILD CARE @ ANDERSON FAMILY | 000000502926 | | Child Care Center |
| ENRICHMENT CENTER | | | |
| Address | - N | | County |
| 2100 S HOLLAND SYLVANIA RD MAUMEE | | | LUCAS |
| ОН | | | |
| 43537 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 08/20/1997 | E | | |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 08/30/2017 | Level IV | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 08/07/2025 8:15 AM | | 1:23 PM | 1:23 PM | |
| Reviewer: | | | | |
| ELLEN WOODRUFF | | | | |
| C f F!:, d!:, | | | | |
| 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 | | 13 | 0 | 13 |
| School Age | | 107 | 0 | 107 |
| Total Capacity/Enrollment | 99 | 120 | 0 | 120 |

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



| Group 2 | School-Age to < 11 years | 2 to 18 | |
|-----------|--------------------------|---------|--|
| Group 2 | School-Age to < 11 years | 2 to 15 | |
| Group 1 | School-Age to < 11 years | 2 to 23 | |
| Preschool | 3 years to < 4 years | 2 to 15 | |
| Group 3 | School-Age to < 11 years | 2 to 16 | |

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 | | | |
| The serious hisk from compitances were observed during this hispection | | | |
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| Moderate Risk Non-Compliances | | | |
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| No Moderate Risk Non-Compliances were observed during this inspection | | | |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|--|
| Rule: 5180:2-12-16 Written Disaster | Compliant | Documenting Statement: Annual training |
| Plan | | of the written disaster plan was |
| | | completed by staff. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-02 License Posted | Compliant | Documenting Statement: The license was |
| | | in a location visible to parents as |
| | | required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Building | Compliant | Documenting Statement: On the day of |
| Department Inspection | | the inspection, the program was |
| | | operating in compliance with the current |
| | | building approval(s). |
| | L. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-02 Current | Compliant | Documenting Statement: The program |
| Information | | had current information entered in the |
| | | Ohio Child Licensing and Quality System |
| | | (OCLQS). |
| | | |



| Rule | Status | Documenting Statement(s), If applicable | | |
|--------------------------------------|-----------------|---|--|--|
| 5180:2-12-03 Inspection | Compliant | | | |
| Requirements | | | | |
| * | ** | * | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| Rule: 5180:2-12-04 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 1/21/2025. | | |
| | | 9 0 00 | | |
| | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement: The food service | | |
| Requirements | | license was observed posted. Following is | | |
| | | the audit number and date of expiration: | | |
| | | TKIG-DEARXQ, exp. 3/1/2026 | | |
| | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| 5180:2-12-07 Administrator | Compliant | (-) | | |
| Qualifications | | | | |
| Name and a second | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| 5180:2-12-07 Administrator | Compliant | | | |
| Responsibilities/Requirements | Section (Color) | | | |
| | | <u> </u> | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| Rule: 5180:2-12-07 Written Program | Compliant | Documenting Statement: The written | | |
| Policies and Procedures | | policies and procedures reviewed on the | | |
| | | day of the inspection were verified as | | |
| | | complete. | | |
| | | | | |
| | S | D (1) (2) (1) (1) | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| Rule: 5180:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees | | |
| | | had current medical statements on file. | | |
| | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |
| Rule: 5180:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care | | |
| Member Educational Requirements | | Staff Members had verification of | | |
| | | educational requirements on file at the | | |
| | | program. | | |
| | | | | |
| | | | | |
| Rule | Status | Documenting Statement(s), If applicable | | |



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|---|-----------|--|
| Rule: 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | Documenting Statement: On the day of the inspection, all child care staff members had met orientation training requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | 102 | inspection, the required documentation |
| * | | regarding background checks was on file |
| | | for all employees listed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-10 Health Training | Compliant | Documenting Statement: The program |
| Requirements | | had at least one Child Care Staff Member |
| | | with currently valid training in First Aid, |
| | | Management of Communicable Disease, |
| | | CPR, and Child Abuse Prevention present |
| | | and readily accessible during all hours of |
| | | operation. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-10 Professional | Compliant | Documenting Statement: At the time of |
| Development Requirements | | the inspection, all child care staff |
| | | members had completed the required |
| | | amount of professional development |
| | | training. |
| | I company | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Space | Compliant | Documenting Statement: Drinking water |
| Requirements | | is provided by means of water bottles. |
| Rule: 5180:2-12-11 Outdoor Space | Compliant | Documenting Statement: Outdoor play |
| Requirements | | was observed for the preschool and |
| | | school age groups. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| Maior 5100/2 12 12 Said Equipment | Compilant | observed to be in good condition. |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| Rule: 5180:2-12-11 Outdoor Play | Compliant | Documenting Statement: All equipment in |
| Equipment | Compilant | the outdoor play space was observed to |
| Equipment | | be anchored and stable. |
| | | be anchored and stable. |
| Rule: 5180:2-12-11 Outdoor Play | Compliant | Documenting Statement: Outdoor |
| Equipment | | equipment was viewed to be safe and |
| -4 | | free of rust, sharp points, and other |
| | | hazards. |
| | | |
| Rule: 5180:2-12-11 Outdoor Play | Compliant | Documenting Statement: All equipment |
| Equipment | | was observed to be properly placed out of |
| | | the path of the main traffic pattern. |
| | | , , |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | | material used under outdoor equipment |
| | | was mulch. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-12 Safe Environment | Compliant | Documenting Statement: The program's |
| | | plan was to use air conditioning to |
| | | maintain a comfortable temperature in |
| | | warm weather. |
| | | Warm Weddien |
| Rule: 5180:2-12-12 Safe Environment | Compliant | Documenting Statement: Pets were |
| | 109 | viewed to be properly housed and cared |
| | | for. |
| | | |
| Rule: 5180:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-13 Sanitary | Compliant | Documenting Statement: Cots were |
| Equipment and Environment | | cleaned and sanitized daily. |
| 1 | | |
| Rule: 5180:2-12-13 Sanitary | Compliant | Documenting Statement: During the |
| Equipment and Environment | | inspection, the equipment was observed |
| | | clean and in good repair. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| Rule: 5180:2-12-13 Handwashing Requirements | Compliant | Documenting Statement: Staff and children were observed washing hands as required by the rule. |
|---|---------------------|---|
| Rule: 5180:2-12-13 Smoke Free Environment | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: No smoking was allowed on the premises, and the notice stating that smoking is prohibited was observed posted in a conspicuous place. |
| Rule: 5180:2-12-14 Transportation and Field Trip Procedures | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: The drivers had current and valid training in first aid, management of communicable disease, and CPR. |
| Rule: 5180:2-12-14 Transportation and Field Trip Procedures | Compliant | Documenting Statement: Requirements regarding routine and/or field trips were discussed during the inspection. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-14 Transportation - Driver Requirements | Compliant | Documenting Statement: Children were observed boarding the program's vehicle in a safe manner, during this inspection. |
| Rule: 5180:2-12-14 Transportation - Driver Requirements | Compliant | Documenting Statement: The drivers had completed the required ODJFS driver training. |
| | | |
| Rule: 5180:2-12-14 Transportation - Vehicle Requirements | Compliant | Documenting Statement(s), If applicable Documenting Statement: An annual safety check of the vehicle(s), using the JFS 01230 "Vehicle Inspection Report For Child Care Centers" form, were verified and dated: Chevy 5/29/2025 Ford 5/29/2025. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement(s), if applicable Documenting Statement: At the time of the inspection, 25% of the children's records were reviewed, and the records were complete, as required by the rule. |



| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|--|
| Rule: 5180:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Care Plans | Compilant | had current information on the medical |
| Care rians | | status and the required treatment plan |
| | | for the children with health conditions. |
| | | Tor the children with health conditions. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | Compliant | the inspection, the complete prescribed |
| and General Emergency Fian | | |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | |
| Rule | Chatus | Decumenting State or ant/a) If any limble |
| | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| D. I. | | D C |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, the program had complete |
| | | first aid kits available as required. |
| | | |
| Rule | Status | Decumenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 "Communicable Disease Chart" was |
| Communicable Disease | | HACTERS CONTROLL SUBMICE SUBMICES AND CONTROL SERVICES TO SUBMICES AND CONTROL SERVICES AND C |
| | | posted and was readily available to staff |
| | | and parents. |
| D 5100 2 12 16 M | 0 11 1 | D .: C |
| Rule: 5180:2-12-16 Management of | Compliant | Documenting Statement: The program |
| Communicable Disease | | staff stated parents were informed when |
| | | their child had any exposure to a |
| | | contagious illness by numbers 1, 5 below: |
| | | 4.4 |
| | | 1. A posted notice; |
| | | 2. Verbal communication; |
| | | 3. A written notice sent home; |
| | | 4. A note posted on the classroom door; |
| | | 5. Other: brightwheel. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| | T & TI | T |
|--|--|---|
| Rule: 5180:2-12-16 Incident/Injury | Compliant | Documenting Statement: The |
| Reporting | | requirements for completing JFS 01299 |
| | | "Incident/Injury Report For Child Care" |
| | | reports were discussed during the |
| | | |
| | | inspection. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | * | equipment was observed in all categories. |
| | | |
| | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-17 Daily Schedule | Compliant | Documenting Statement: During the |
| | | inspection, developmentally-appropriate |
| | | practices were observed in the |
| | | |
| | | classroom(s). |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Attendance | Compliant | Documenting Statement: Child Care Staff |
| Anality (2) | Compliant | 9 |
| Records | | Members were observed recording the |
| | | attendance for each child upon arrival |
| | | and documenting each child's departure. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes |
| • | | observed on the day of the inspection |
| | | were in compliance. |
| | | were in compliance. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | 25 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | |
| | Section (Marie Experimental) | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| The state of the s | orders operational gall production of the control o | "Staff/Child Ratios, Age Grouping and |
| | | |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
| | | |
| | * | |



| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |
|--|---------------------|--|
| | Charles | D :: 6: |
| Rule: 5180:2-12-20 Cots and Napping | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Cots were placed appropriately and safely during nap time. |
| Rule: 5180:2-12-20 Cots and Napping | Compliant | Documenting Statement: The mats were disinfected daily. |
| Dula | Chatan | Decree of the Chateron and a life and the la |
| Rule: 5180:2-12-19 Supervision | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Child Care Staff |
| Rule. 3160.2-12-13 Supervision | Compliant | Members were supervising the children and were able to intervene as needed. |
| D. J. | Charles | Decree of the Chateron of the Land of the Land |
| Rule: 5180:2-12-19 Child Guidance | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-19 Child Guldance | Compliant | Documenting Statement: Appropriate child guidance techniques and practices were observed being used during the inspection. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: Snacks served at the program included foods from two of the four food groups and provided nutritional value in addition to calories. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-22 Safe Food | Compliant | Documenting Statement: Sack lunches |
| Handling/Storage | Compliant | were stored with cold packs. |
| Pulo | Chatus | Documenting Statement(e) If applicable |
| Rule Pulo: 5180:2 12 24 Swimming and | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-24 Swimming and Water Safety Requirements | Compliant | Documenting Statement: Swimming activities were part of the program's schedule year round. |
| Rule: 5180:2-12-24 Swimming and Water Safety Requirements | Compliant | Documenting Statement: The children [have gone swimming/will be going swimming] at YMCA pools (Wolf Creek and JCC). The lifeguards are provided by the pool owner. |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| Rule: 5180:2-12-25 Medication Administration | Compliant | Documenting Statement: The program had complete written documentation for administering medication or food supplements. |