

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 | |
| Chillicothe City Primary YMCA Latchkey | 2200022332 | | Child Care Center | |
| et 92 19 | | | | |
| Address | | | County | |
| 235 Cherry Street Chillicothe | | | ROSS | |
| ОН | | | | |
| 45601 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under | 2 ½ |
| | 100000 | | | |
| Fire Inspection Approval Date | Food Service Risk Le | evel | 70° | |
| | | | | |

| | Inspection Information | | | | |
|--------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection S | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 02/05/2025 | 2:06 PM 3:24 PM | | | | |
| Reviewer: | 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 | |

| 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 | 24 | 24 |
| Total Capacity/Enrollment | 144 | 0 | 24 | 24 |

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



| Schoolage | School-Age to < 11 years | 2 to 22 | |
|-----------|--------------------------|---------|--|
| Schoolage | School-Age to < 11 years | 3 to 22 | |

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

| rules in-compliance/ Not verified | | |
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| | | |
| 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 applicable |
|--|-------------|--|
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement: Written |
| Requirements | | permission to operate under the food |
| * | | service license of another entity at the |
| | | same location was observed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| Pula | Chatus | Desumenting Statement(s) If amplicable |
| Rule 5180:2-12-05 Denial, Revocation and | Status | Documenting Statement(s), If applicable |
| Suspension | Compliant | |
| Suspension | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program | Compliant | |
| Policies and Procedures | 3 | |
| | ^ | |
| 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 | Bocamenting statement(s), it applicable |
| Educational Requirements | | |
| 1 | | |
| 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 | | |
| D.I. | C | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional | Compliant | Bootimenting statement(s), if applicable |
| Development Requirements | Compilation | |
| - Serciopinent Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-12-11 Indoor Space Requirements | Compliant | |
|--|---------------------|---|
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | Documenting Statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement(s), if applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Compliant | 3 (7) |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free Environment | Compliant | Decamentally season ender, it approaches |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field | Compliant | bocumenting statement(s), if applicable |
| Trip Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Driver Requirements | Compliant | |
| | Status | Dogumenting State or aut/s) If a will ack la |
| Rule 5180:2-12-14 Transportation - Vehicle | Status Compliant | Documenting Statement(s), If applicable |
| Requirements | Compilant | |



| Rule | Status | Documenting Statement(s), If applicable |
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| 5180:2-12-15 Child Medical and | Compliant | Bocamenting statement(s), it applicable |
| Enrollment Records | Compilant | |
| Em em ment neceras | ļ, | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care | Compliant | |
| Plans | 33 | |
| 533315 | <u></u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | 5 (7, 11 |
| General Emergency Plan | Section Section Co. II. In the Section | |
| <u> </u> | | |
| Rule | 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. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | E | |
| 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 | | |
| D. I. | C. 1. | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and | Compliant | |
| Equipment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | Documenting Statement(s), if applicable |
| 3100.2 12 17 Daily Schedule | Compliant | |
| | <u>.</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
| | | |
| D.I. | C. 1 | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Compliant | |



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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | Security of the security of th |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Ratio | Compliant | |
| D.J. | Chah | Description Change and a life and limble |
| 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 | bootheriding statement(s), it applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-21 Evening and Overnight | Compliant | |
| Care | | |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-24 Swimming and Water | Compliant | |
| Safety Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication | Compliant | |
| Administration | | |