

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 | | Pro | gram Type |
| Plain City Elementary Latchkey | 2230028079 | | Chi | ld Care Center |
| PO 10 MIN | | | | |
| Address | ve | | Cou | unty |
| 580 S Chillicothe St. Plain City | | | UN | ION |
| ОН | | | | |
| 43064 | | | | |
| | | | 0. | |
| Building Approval Date | Use Group/Code | Occupancy Limit | | Maximum Under 2 ½ |
| | 110000 | | | |
| Fire Inspection Approval Date | Food Service Risk Le | evel | | |
| | | | | |

| | Inspection Information | | | | | |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | | |
| Annual | Full | | Unannounced | | | |
| Inspection Date | Begin Time | | End Time | | | |
| 09/30/2025 | 7:10 AM | | 8:20 AM | | | |
| Reviewer: | | | | | | |
| HEATHER STILLION | | | | | | |
| | | | | | | |
| 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 | 115 | 115 |
| Total Capacity/Enrollment | 92 | 0 | 115 | 115 |

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



| C-ll | E 4 - 2E | |
|-----------|----------|------------|
| Schoolage | 5 to 25 | |
| Schoolage | 3 to 21 | |
| Schoolage | 2 to 27 | Playground |

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 |
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| 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 |



| No Low Ri | sk Non-Compliances were obser | ved during this inspectio | n | |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5180:2-12-16 Written Disaster Plan | Compliant | |
| | E | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department | Compliant | |
| Inspection | | |
| | | |
| Rule | Status | 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 | |
| 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. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| T | 1 2 36 | |
|--|-----------|--|
| 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: |
| | | The state of the s |
| | | SHYN-DDZRUE Exp 3/1/26. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | |
| Qualifications | Compilant | |
| Qualifications | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| , respensional software for the software | | |
| D. J. | Chahara | D |
| 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 | | Bocamenting statement(s), it applicable |
| 5180:2-12-08 Medical Statement | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
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| D. I. | | 5 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 3.400.057.00 | 200000 | Documenting Statement(s), if applicable |
| 5180:2-12-09 Background Check | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training | Compliant | THE STATE OF THE S |
| TO SHOW THE STORY OF THE STORY | Compilant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional | Compliant | |
| Development Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
| | | - |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), ii applicable |
| 5180:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |



| Rule | Status | Documenting Statement(s), If applicable |
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| | | Documenting statement(s), if applicable |
| 5180:2-12-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| | 27 | |
| 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 | 0 |
| Environment | Compilant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Child Medical and | | Documenting Statement(s), if applicable |
| NEW CASHON OFFICE TAXABLE TAXABLE CONTRACTOR DATE: VEHICLE DATE: VEHICLE CONTRACTOR CONT | Compliant | |
| Enrollment Records | | |
| p. I | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills | Compliant | |
| J | in the content of the | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard | Compliant | 3 (// |
| Precautions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|---|------------------|--|
| 5180:2-12-16 Management of | Compliant | Documenting Statement(s), if applicable |
| Communicable Disease | Compilant | |
| Communicable Disease | | |
| D. I. | | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| *** | To account to | |
| 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 | |
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| 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 |
| 5180:2-12-18 License Capacity | Compliant | |
| | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5180:2-12-18 Ratio | | Documenting Statement(s), If applicable |
| 3160:2-12-16 Katio | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | bocumenting statement(s), if applicable |
| 3100.2 12 13 Supervision | Compliant | |
| | L. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | Section (2), it approaches |
| 12302 12 13 51a Galadiloc | - Simplication | |
| | | - |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack | Compliant | |
| Requirements | I and the second | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | Southeriting Statement(3), it applicable |
| Handling/Storage | Compilant | |
| Tranding/Storage | | |
| Pula | Chattie | Documenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |



| 5180:2-12-25 Medication Administration | Compliant | |
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