

## **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                          | ails            |                   |
|---|---------------------------------------|-----------------|-------------------|
| Program Name                            | Program Number                        |                 | Program Type      |
| Right at School at Hill View Elementary | 2230028287                            |                 | Child Care Center |
| Address                                 | Ļ                                     |                 | County            |
| 5424 Whiteford RoadSuite 500 Sylvania   | 5424 Whiteford RoadSuite 500 Sylvania |                 |                   |
| OH                                      |                                       |                 |                   |
| 43560                                   |                                       |                 |                   |
|   |                                       |                 |                   |
| Building Approval Date                  | Use Group/Code                        | Occupancy Limit | Maximum Under 2 ½ |
|   | School Building                       |                 |                   |
| Fire Inspection Approval Date           | Food Service Risk Level               |                 |                   |
|   | Level IV                              |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 09/10/2025             | 3:00 PM                        |                  | 4:55 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| REBECCA COY            |                                |                  |                   |              |
| Comment of Findings    |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                     | 1                              | 0                | 1                 | 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         | 17         | 17    |  |
| Total Capacity/Enrollment                                 | 76               | 0         | 17         | 17    |  |

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



| School Age | School-Age to < 11 years | 1 to 11 | no second adult |
|------------|--------------------------|---------|-----------------|
|            |                          |         | when 7 or more  |
|            |                          |         | children        |

## **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.

| Sorious Disk Non Compliances   |  |  |
|--|--|--|
| Serious Risk Non-Compliances   |  |  |
| No Serious Risk Non-Compliances were observed during this inspection |  |  |
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## **Moderate Risk Non-Compliances**

Domain: 01 Ratio & Supervision

Rule: 5180:2-12-18 Ratio

<u>Code</u>: The program is required to have a second employee present, and used based on the qualifications they meet, when seven or more children are present.

<u>Finding</u>: During the inspection, it was determined that the program did not meet the rule requirement as noted in number(s) 1 below:

- 1. The program did not have a second employee or Child Care Staff Member present when required;
- 2. The program was using a second Child Care Staff Member who was not able to meet this criteria as defined in the rule.

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/11/2025



| Low Risk Non-Compliances   |
|--|
| No Low 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: 5180:2-12-16 Written Disaster | Compliant | Documenting Statement: The program's      |
| Plan                                | Somphane  | written disaster plan was reviewed during |
|                                     |           | the inspection and met the requirements.  |
|                                     |           |   |
|                                     |           |   |
| 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   |



|                                    | Δ.        |   |
|------------------------------------|-----------|---|
| Rule: 5180:2-12-04 Building        | Compliant | Documenting Statement: This program         |
| Department Inspection              | 2         | serves only school age children in a public |
|                                    |           | or chartered non-public school building.    |
|                                    |           |   |
|                                    |           | · ·   |
| 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).                                    |
|                                    |           | (00200)                                     |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| 5180:2-12-03 Inspection            | Compliant | booding statement(s)) if appreciate         |
| Requirements                       | Compilant |   |
| Requirements                       |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| 100,00000                          |           | Documenting Statement: This program         |
| Rule: 5180:2-12-04 Fire Inspection | Compliant |   |
|                                    |           | serves only school age children in a public |
|                                    |           | or chartered non-public school building.    |
|                                    |           |   |
| Rule                               | Chatura   | Decumenting Statements   If annice          |
| 113112                             | 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     |
| Rule: 5180:2-12-07 Administrator   | Compliant | Documenting Statement: The                  |
| Qualifications                     |           | administrator has completed the rules       |
|                                    |           | review course.                              |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable     |
| Rule: 5180:2-12-07 Administrator   | Compliant | Documenting Statement: The                  |
| Responsibilities/Requirements      |           | administrator's hours of availability to    |
|                                    |           | meet with parents were posted in a          |
|                                    |           | noticeable location.                        |
|                                    |           |   |
| Rule: 5180:2-12-07 Administrator   | Compliant | Documenting Statement: The current          |
| Responsibilities/Requirements      |           | licensing rules were available in a         |
|                                    |           | noticeable location on the premises.        |
|                                    |           |   |
| Rule: 5180:2-12-07 Administrator   | Compliant | Documenting Statement: The                  |
| Responsibilities/Requirements      |           | administrator's posted hours of             |
|                                    |           | availability reflected an appropriate       |
|                                    |           | schedule meeting rule compliance.           |



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| Dollar                               | Ct. 1  | D   |
| 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.                                   |
|                                      | <u>I</u>   |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable     |
| Rule: 5180:2-12-08 Medical Statement | Compliant  | Documenting Statement: All employees        |
|                                      | and the second of the second o | had current medical statements on file.     |
|                                      | <u></u>  |   |
| 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     |
| Rule: 5180:2-12-08 Orientation       | Compliant  | Documenting Statement: On the day of        |
| Training & Whistle Blower Protection |  | the inspection, all child care staff        |
|                                      |  | members had met orientation training        |
|                                      |  | requirements.                               |
|                                      |  | requirements.                               |
|                                      | 1-   |   |
| Rule                                 | Status   | Documenting Statement(s), If applicable     |
| Rule: 5180:2-12-09 Background Check  | Compliant  | Documenting Statement: During the           |
| Requirements                         |  | 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.                                  |
|                                      | 1  |   |
| 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          |



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|--|-----------|--|
|  |           | amount of professional development   |
|  |           | training.  |
|  |           |  |
| 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 | Bodimenting Statement(s), it applicable  |
| Requirements                               |           |  |
|  |           |  |
| Rule                                       | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-12 Safe Equipment          | Compliant | Documenting Statement: Equipment was   |
|  |           | observed to be in good condition.  |
|  | 1         |  |
| Rule                                       | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-11 Outdoor Play            | Compliant | Documenting Statement: All equipment in  |
| Equipment                                  |           | the outdoor play space was observed to   |
|  |           | be anchored and stable.  |
| Rule: 5180:2-12-11 Outdoor Play            | Compliant | Documenting Statement: Outdoor   |
| Equipment                                  |           | equipment was viewed to be safe and  |
|  |           | free of rust, sharp points, and other  |
|  |           | hazards.   |
| Pules E190-2 12 11 Outdoor Play            | Compliant | Desumenting Statement, All equipment   |
| Rule: 5180:2-12-11 Outdoor Play Equipment  | Compliant | Documenting Statement: All equipment was observed to be properly placed out of |
| Equipment                                  |           | the path of the main traffic pattern.  |
|  |           |  |
|  |           |  |
| Rule                                       | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement: The protective material used under outdoor equipment    |
| Zories                                     |           | was mulch.   |
|  |           | Was malem  |
|  |           |  |
| Rule                                       | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-12 Safe Environment        | Compliant | Documenting Statement: Cleaning  |
|  |           | supplies were viewed stored out of the reach of children.                      |
|  |           | reacti of children.  |
| 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: On the day of   |
| Equipment and Environment            |           | the inspection, the program provided a   |
|                                      |           | clean environment in accordance with   |
|                                      |           | Appendix A of this rule, which included  |
|                                      |           | the furniture, materials and equipment.  |
|                                      |           | the furniture, materials and equipment.  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-13 Handwashing       | Compliant | Documenting Statement: Staff and   |
|                                      | Compilant | children were observed washing hands as  |
| Requirements                         |           | The state of the s |
|                                      |           | required by the rule.  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-13 Smoke Free        | Compliant | Documenting Statement: No smoking was  |
| Environment                          |           | allowed on the premises, and the notice  |
|                                      |           | stating that smoking is prohibited was   |
|                                      |           | observed posted in a conspicuous place.  |
|                                      |           |  |
| 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.  |
| Rule: 5180:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of  |
| Enrollment Records                   | Compliant | the inspection, medical statements for   |
| Lindiment Records                    |           | the children were not needed as all  |
|                                      |           | 10 00 00 000 000 000 00 00 00 000 000 0  |
|                                      |           | children enrolled attended a grade of  |
|                                      |           | kindergarten or above in an elementary   |
|                                      |           | school.  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-15 Medical/Physical  | Compliant | Documenting Statement: At the time of  |
| Care Plans                           |           | the inspection, there were no children   |
|                                      |           | currently enrolled who had 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           | 3         | the inspection, the complete prescribed  |
|                                      |           | JFS 01242 "Medical, Dental, and General  |
|                                      |           | Emergency Plan For Child Care" were  |
|                                      |           | posted in the program as required.   |



| 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  |
| Rule: 5180:2-12-16 First Aid/Standard Precautions        | Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required.   |
| Dula   | Chatina   | Desumenting Statement(s) If applicable   |
| Rule: 5180:2-12-16 Management of<br>Communicable Disease | Compliant | Documenting Statement(s), If applicable  Documenting Statement: The JFS 08087  "Communicable Disease Chart" was posted and was readily available to staff and parents.     |
| Rule: 5180:2-12-16 Management of Communicable Disease    | Compliant | Documenting Statement: The program staff stated parents were informed when their child had any exposure to a contagious illness by number(s) 1 below:  1. A posted notice; |
|  |           | <ul><li>2. Verbal communication;</li><li>3. A written notice sent home;</li><li>4. A note posted on the classroom door;</li><li>5. Other [ ].</li></ul>                    |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-16 Incident/Injury<br>Reporting                | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-17 Materials and Equipment               | Compliant | Documenting Statement: Sufficient equipment was observed in all categories   |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-17 Daily Schedule                        | Compliant | Documenting Statement: Daily schedules were observed posted.   |
| Rule   | Status    | Documenting Statement(s), If applicable  |



| Rule: 5180:2-12-18 Attendance<br>Records | Compliant           | Documenting Statement: Child Care Staff Members were observed recording the attendance for each child upon arrival and documenting each child's departure.  |
|--|---------------------|---|
| Rule: 5180:2-12-18 Attendance<br>Records | Compliant           | Documenting Statement: During the inspection, attendance records were reviewed. Child Care Staff Members were viewed recording the attendance for each child upon arrival and departure. All attendance records met the requirements of the rule and were kept with the group at all times. |
|  |                     |   |
| Rule: 5180:2-12-18 Group Size            | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: The group sizes observed on the day of the inspection were in compliance.   |
| Rule                                     | Status              | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-18 License Capacity      | Compliant           | Documenting Statement: The program was operating within their license capacity limits.  |
| Rule                                     | Status              | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-19 Supervision           | Compliant           | Documenting Statement: During the inspection, child care staff were observed meeting the basic needs of all children assigned to the group.   |
| Rule: 5180:2-12-19 Supervision           | Compliant           | Documenting Statement: School children were observed running errands, using the restroom, or engaging in short term activities under proper supervision.  |
|  |                     |   |
| Rule                                     | Status              | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-19 Child Guidance        | Compliant           | Documenting Statement: Appropriate child guidance techniques and practices were observed being used during the inspection.  |
| Dula                                     | Chahua              | Decree or the Chateron and (2) If   |
| Rule: 5180:2-12-22 Meal and Snack        | Status<br>Compliant | Documenting Statement(s), If applicable  Documenting Statement: Posted menus  |
| Requirements                             | Compliant           | were current and dated.   |



| Rule: 5180:2-12-22 Meal and Snack    | Compliant | Documenting Statement: The program         |
|--------------------------------------|-----------|--|
| Requirements                         |           | served the following: am/pm snack          |
|                                      |           |  |
| Rule: 5180:2-12-22 Meal and Snack    | Compliant | Documenting Statement: The menu was        |
| Requirements                         |           | posted in the entryway.                    |
| Rule: 5180:2-12-22 Meal and Snack    | Compliant | Documenting Statement: Snacks served at    |
| Requirements                         | Compilant | the program included foods from two of     |
| nequirements                         |           | the four food groups and provided          |
|                                      |           | nutritional value in addition to calories. |
|                                      |           |  |
| Rule: 5180:2-12-22 Meal and Snack    | Compliant | Documenting Statement: Snacks were         |
| Requirements                         |           | provided at intervals as required by this  |
|                                      |           | rule.                                      |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-22 Safe Food         | Compliant | Documenting Statement: Food was stored     |
| Handling/Storage                     | Compilant | in a safe and sanitary manner.             |
| Transmig/ storage                    |           | in a safe and sameary manner.              |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-22 Fluid Milk Requirements | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-25 Medication        | Compliant | Documenting Statement: There were no       |
| Administration                       |           | children on medication at the time of the  |
|                                      |           | inspection; however, the method of         |
|                                      |           | storage and practices for the              |
|                                      |           | administration were reviewed.              |
|                                      |           | darimistration were reviewed.              |
|                                      |           |  |