Ohio Department of Children & Youth

# 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 Details | | |
|---|---|---|
| Program Name<br>GIGGLES & WIGGLES INCORPORATED | Program Number<br>000000404235 | Program Type<br>Child Care Center |
| Address<br>1207 DOGWOOD RIDGE WHEELERSBURG<br>OH<br>45694 | | County<br>SCIOTO |

| | | | |
|---|---|---|---|
| Building Approval Date<br>04/11/1994 | Use Group/Code<br>E with I-2 | Occupancy Limit<br>119 | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>07/17/2017 | Food Service Risk Level<br>Level III | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Follow-up | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>05/07/2026 | Begin Time<br>9:15 AM | End Time<br>3:30 PM |
| Inspection Date<br>05/07/2026 | Begin Time<br>9:30 AM | End Time<br>2:26 PM |
| Reviewer:<br>Sarena Powhida | | |
| Reviewer:<br>Catherine Moerch | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 8 | 2 | 0 | 0 | 2 |

| 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) | | 9 | 0 | 9 |
| Young Toddler | | 6 | 0 | 6 |
| **Total Under 2 ½ Years** | 32 | 15 | 0 | 15 |
| Older Toddler | | 7 | 0 | 7 |
| Preschool | | 22 | 0 | 22 |
| School Age | | 0 | 35 | 35 |
| **Total Capacity/Enrollment** | 108 | 29 | 35 | 79 |

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| Staff-Child Ratios at the Time of Inspection | | | |
|---|---|---|---|
| **Group** | **Age Group/Range** | **Ratio Observed** | **Comment** |
| Toddlers | 18 months to < 30 months | 1 to 7 | ~10:00 |
| Toddlers | 18 months to < 30 months | 2 to 7 | ~3:00 |
| Infants | 0 to < 12 months | 2 to 7 | ~3:00 |
| Infants | 0 to < 12 months | 2 to 8 | ~10:30 |
| Preschool | 3 years to < 4 years | 2 to 14 | ~3:00 |
| Preschool | 3 years to < 4 years | 2 to 12 | ~10:00 |
| Schoolage | School-Age to < 11 years | 2 to 10 | ~3:00 |

## 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**

### Moderate Risk Non-Compliances

**No Moderate Risk Non-Compliances were observed during this inspection**

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**Low Risk Non-Compliances**

**Domain: 04 Indoor/Outdoor Space**

Rule: 5180:2-12-11 Outdoor Play Fall Zones
Code: The program is required to provide fall zones around equipment to prevent injury if a child were to fall.

Finding: During the inspection, it was determined the fall zone under and around equipment designated for climbing, swinging, balancing and sliding did not meet the requirements as noted in number(s) 4 below:

1. The fall surface material had not been properly distributed or raked as needed to retain proper depth under and around equipment.
2. A fall zone hazard was present, in that, the [ ] posed a risk of injury if a child were to fall from a piece of equipment.
3. The fall zone was less than 3 feet from the fence for equipment used by children 23 months of age and younger.
4. The fall zone was less than 6 feet from the fence for equipment used by children 24 months of age and older.
5. There was not a fall zone of 3 feet in all directions from the perimeter of the equipment used by children 23 months of age and younger.
6. There was not a fall zone of 6 feet in all directions from the perimeter of the equipment used by children 24 months of age and older.
7. The fall zone was less than 4 1/2 feet from each piece of applicable equipment used by children 23 months of age and younger.
8. The fall zone was less than 9 feet from each piece of applicable equipment used by children 24 months of age and older.
9. Other [ ].

The program is required to provide adequate fall zones under and around outdoor play equipment at all times. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/07/2026

**Domain: 08 Staff Files**

Rule: 5180:2-12-10 Health Training Requirements
Code: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

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Finding: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 4,5,6 below:

1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
2. First aid training was not completed within ninety days of hire.
3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
4. The child abuse and neglect recognition and prevention training was expired.
5. The first aid training was expired.
6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/07/2026

## Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Written Disaster Plan | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-02 License Posted | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-04 Building Department Inspection | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-02 Current Information | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|

| | | |
|---|---|---|
| 5180:2-12-03 Inspection Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-04 Fire Inspection | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-04 Food Service Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-05 Denial, Revocation and Suspension | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Administrator Qualifications | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Administrator Responsibilities/Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Written Program Policies and Procedures | Not Verified | |

| 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 |
|---|---|---|
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-09 Background Check Requirements | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|

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| | | |
|---|---|---|
| 5180:2-12-10 Professional Development Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Indoor Space Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Outdoor Space Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Outdoor Play Equipment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-12 Safe Equipment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-12 Safe Environment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Sanitary Equipment and Environment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Handwashing Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Toothbrushing Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Smoke Free Environment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-14 Transportation - Driver Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|

| | | |
|---|---|---|
| 5180:2-12-14 Transportation and Field Trip Procedures | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-14 Transportation - Vehicle Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-15 Child Medical and Enrollment Records | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-15 Medical/Physical Care Plans | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Emergency Drills | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Incident/Injury Reporting | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 First Aid/Standard Precautions | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Management of Communicable Disease | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Materials and Equipment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 License Capacity | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Daily Schedule | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Daily Outdoor Play | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 Group Size | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 Attendance Records | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-20 Cots and Napping | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-19 Child Guidance | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-19 Supervision | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-22 Fluid Milk Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-20 Cribs | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-21 Evening and Overnight Care | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-22 Meal and Snack Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-22 Safe Food Handling/Storage | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-23 Infant Daily Care | Not Verified | |

| | | |
|---|---|---|
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-23 Infant Bottle and Food Preparation | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-23 Diapering and Toilet Training | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-24 Swimming and Water Safety Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-25 Medication Administration | Not Verified | |