

# **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	nils	
Program Name	Program Number		Program Type
LEXINGTON CHILD DEVELOPMENT CENTER	000000402765		Child Care Center
Address			County
236 OTTERBEIN DRIVE LEXINGTON			RICHLAND
OH 44904			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
07/23/2012	E		
Fire Inspection Approval Date	Food Service Risk Level		
10/29/2020	Level III		

Inspection Information					
Inspection Type	Inspection So	cope	Inspection Notice		
Annual	Full		Unannounced		
Inspection Date Begin Time 1 08/19/2021		0:00 AM	End Time 12:00 PM		
Reviewer: MATTHEW PIGNA	Reviewer: MATTHEW PIGNATO				
Summary of Findings					
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk	
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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		83	0	83
School Age		0	38	38
Total Capacity/Enrollment	100	83	38	121

Staff-Child Ratios at the Time of Inspection				
Group	Age Group/Range	Ratio Observed	Comment	
Room 1 T, Th	3 years to < 4 years	1 to 10	at arrival	

Room 2	3 years to < 4 years	1 to 7	at arrival
Room 3	4 years to < 5 years	1 to 8	at arrival
Room 4	4 years to < 5 years	1 to 10	at arrival

## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

Serious Risk Non-Compliances		
No Serious Risk Non-Compliances were observed during this inspection		

#### **Moderate Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have all staff request background checks as required.

<u>Finding</u>: In review of the staff records, it was determined that background checks were not requested for the person(s) listed on the Employee Record Chart as noted in number 1 below:

- 1. Submitting the JFS 01175 "Request for a Background Check for Child Care" to the Department or the OPR;
- 2. Submitting fingerprints electronically according to the process established by BCI.

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

Corrective Action Plan Due: 09/29/2021



## **Low Risk Non-Compliances**

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-12-12 Safe Equipment

<u>Code</u>: The program is required to place fans, air conditioners, heat pumps, and space heaters in a place

inaccessible to children.

<u>Finding</u>: During the inspection, it was determined that the program's [fan; air-conditioning unit; heat pump; space heater] was unsafe, as noted in number 6 below:

- 1. The fan was unstable and could easily tip over;
- 2. The fan had openings a finger could enter;
- 3. The pipes from the heat pump felt hot to the touch;
- 4. The space heater felt hot to the touch;
- 5. The position of the space heater was a tripping hazard;
- 6. The air-conditioning unit was not enclosed and was accessible to children on the playground.

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

Corrective Action Plan Due: 09/29/2021

#### **Domain: 04 Indoor/Outdoor Space**

Rule: 5101:2-12-11 Outdoor Play Fall Zones

<u>Code</u>: The program is required to provide fall zones around equipment to prevent injury if a child were to fall.

<u>Finding</u>: During the inspection, it was determined that the teeter totter was positioned such that the fall zone for number 1 below was not met:

- 1. The fall zone did not extend six feet from the point of furthest extension;
- 2. The fall zone was less than 6 feet from fence;
- 3. The fall zone was less than 9 feet from each piece of applicable equipment;
- 4. There was not a fall zone of 6 feet in all directions from the perimeter of the equipment;
- 5. Other [ ].

The program is required to provide equipment that is safe with adequate fall zones. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/29/2021



**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that completed medical examination statements for the employees listed on the Employee Record Chart were not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/29/2021

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number 4.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 4. Tuberculosis (TB) screening/test
- a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;
- b. Results of a TB test for employees meeting both criteria in 4a;
- c. Results of additional testing for employees with a positive TB test;
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

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	Corrective Action Plan Due: 09/29/2021	
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## **Rules In-Compliance/Not Verified**

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Fire Approval	Compliant	Documenting Statement: Please Note: A
		annual fire inspection approval must be
		secured for the program. Secure a new
		approval by 10/29/21.
Rule: 5101:2-12-04 Fire Approval	Compliant	Documenting Statement: Although the
		program had a current fire approval at
		the time of the licensing inspection, the
		program did not have the fire inspection
		completed within 12 months from the
		date of the last fire approval. Please
		ensure that fire inspections are
		completed in accordance with the rule
		requirements.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of	Compliant	
Communicable Disease		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	Documenting statement(s), if applicable
Qualifications	Compilant	
- Cadimodions		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member	Compliant	,
Educational Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Food License	Compliant	Documenting Statement: The food service
		license was observed posted. Following is the audit number and date of expiration:
		HMIL-BYGPKV; Expiration Date: 3-1-22.
		Third-biorky, Expiration Date. 3-1-22.
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	bocumenting statement(s), if applicable
3101.2 12 22 Haid Will Nequirements	Compilant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Compliant	
Precautions		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	
Handling/Storage	1	
	ı	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Written Program	Compliant	
Policies and Procedures		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Compliant	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Emergency Drills	Compliant	bocamenting statement(s), it applicable
Signification of the significant	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and	Compliant	-
Equipment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Building Approval	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	- common grown and common grown appearance
310112 12 02 21061136 1 03160	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 Current Information	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Compliant	Documenting Statement(3), it applicable
J101.2 12 17 Daily Schedule	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-15 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	Status	Documenting Statement(s), If applicable
5101:2-12-15 Medical/Physical Care	Compliant	
Plans		

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation and Staff	Compliant	
Records		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Health Training	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Compliant	
Development Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Environment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury	Compliant	
Reporting		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and	Compliant	
General Emergency Plan		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Attendance Records	Compliant	
Rule	Status	Decumenting Statement(s) If applicable
5101:2-12-18 Group Size	Compliant	Documenting Statement(s), If applicable
3101.2-12-18 Group Size	Compilant	
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-18 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
5101:2-12-25 Medication	Compliant	
Administration and Food Supplements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
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Responsibilities/Requirements	·	

