

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 | Program Number | | Program Type | |
| Green Bean Junction, LLC | 2190020390 | 2190020390 | | |
| Address 1522 Sheridan Dr. Lancaster OH 43130 | | | County FAIRFIELD | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| Fire Inspection Approval Date 11/15/2021 | Food Service Risk L | evel | ı | |

| Inspection Information | | | | | |
|-----------------------------|--------------------|---------------|------------------|-------------------|--------------|
| Inspection Type | | Inspection So | cope | Inspection Notice | |
| Amendment - cha | nge of capacity | Partial | | Unannounced | |
| Inspection Date 12/09/2021 | | Begin Time 2 | :30 PM | End Time 2:45 PM | |
| Reviewer: SARENA POWHIDA | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non | -compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 7 | 4 | | 0 | 0 | 4 |

| 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 | 42 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 98 | 0 | 0 | 0 |

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



Rule: 5101:2-12-13 Sanitary Equipment and Environment

Code: The program is required to follow the cleaning schedule for equipment.

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 | | |
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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 | | |
| No Wioderate Nisk Non Compilances were observed during this hispection | | |
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| Low Risk Non-Compliances | | |
| Low Mak Non-compliances | | |
| Domain: 02 Safe & Sanitary Environment | | |

<u>Finding</u>: During the inspection, it was determined that the program was not providing a clean and healthy environment, furniture, materials and equipment as required by Appendix A, as noted in number(s) 11 below:

- 1. The changing table was not sanitized after each use.
- 2. Reusable cloths were not being cleaned daily or when visibly soiled.
- 3. Dividers were not cleaned when visibly soiled.
- 4. The food prep areas were not being cleaned and sanitized before and after food prep.
- 5. The food prep areas were not being cleaned and sanitized between preparing raw and cooked food.
- 6. Toilet seat(s), handle(s) and toilet bowl(s) were not being cleaned when visibly soiled and sanitized.
- 7. The sinks were not clean.
- 8. Diaper receptacles were not being cleaned and sanitized.
- 9. Potty chairs were not emptied and/or cleaned and sanitized after each use.
- 10. Wastebaskets/trash receptacles/rinse buckets were not being cleaned and sanitized when visibly soiled.
- 11. Counters and equipment were covered with drywall/construction dust in infant 2 room (new space).

Furniture, materials and equipment must be maintained according to the cleaning and sanitizing schedule in Appendix A to this rule. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time.

Corrective Action Plan Due: 02/06/2022

Domain: 03 Postings & Equipment

Rule: 5101:2-12-17 Daily Schedule

Code: The program is required to have the daily program schedule posted in all required areas.

<u>Finding</u>: During the inspection, it was determined that a copy of the daily program schedule was not posted in the infant 2 (new space) area as required. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time.

Corrective Action Plan Due: 02/06/2022

Domain: 03 Postings & Equipment

Rule: 5101:2-12-17 Materials and Equipment

Code: The program is required to have enough equipment for all children in care.

<u>Finding</u>: During the inspection, it was determined that equipment and materials in the following categories 7 were not provided in sufficient quantities for children in the infant 2 classroom, as required by the rule:

- 1. Art supplies (excludes infants);
- 2. Manipulative materials and equipment;
- 3. Blocks;
- 4. Science-nature equipment (excludes infants);
- 5. Language arts and auditory materials and equipment;
- 6. Pretend or dramatic play materials;
- 7. Music equipment;
- 8. Transportation materials and equipment;
- 9. Gross motor equipment;
- 10. Sensory motor equipment.

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is required at this time.

Corrective Action Plan Due: 02/06/2022

Domain: 03 Postings & Equipment

<u>Rule</u>: 5101:2-12-16 Medical, Dental, and General Emergency Plan <u>Code</u>: The program is required to post the fire and weather plans.

<u>Finding</u>: During the inspection, it was determined that the following information was not posted for item number(s) 1 and 2 below:

- 1. Fire alert plan, including a diagram indicating evacuation routes (plan missing).
- 2. Weather alert plan was missing.
- 3. Weather alert plan was missing a diagram indicating evacuation routes.

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

Corrective Action Plan Due: 02/06/2022

| Pula | Ctatus | Decumenting Statement (a) If a will all I |
|--------------------------------------|--------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Not Verified | |
| Inspection | | |
| <u>'</u> | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Not Verified | bocumenting statement(s), if applicable |
| 3101.2-12-04 The hispection | Not verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Not Verified | bocumenting statement(s), if applicable |
| | Not verified | |
| Requirements | | |
| | 1. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | |
| Suspension | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | 3 (7) |
| Responsibilities/Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not Verified | Documenting Statement(s), it applicable |
| • | NOT VEHILLER | |
| Policies and Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-08 Orientation Training & | Not Verified | |
| Whistle Blower Protection | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Not Verified | |
| Requirements | | |
| nequirements | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | bocumenting statement(s), if applicable |
| | Not verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Not Verified | 3 (" 11 |
| Requirements | | |
| nequirements | <u> </u> | |
| Dule | Chahua | Decressing Statements of Seculiaria |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Not Verified | |
| Under 2 1/2 Years | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
| 3101.2 12 11 Outdoor Flay Equipment | 140t vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | bocumenting statement(s), if applicable |
| 3101.2-12-11 Outdoor Flay Fail Zoiles | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Status | bocumenting statement(s), if applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-12 Safe Environment | Compliant | |
| 5101:2-12-12 Safe Environment | | |
| | Compliant | |
| Rule | Compliant | Documenting Statement(s), If applicable |
| | Compliant | |
| Rule | Compliant | |
| Rule 5101:2-12-13 Handwashing | Compliant | |
| Rule 5101:2-12-13 Handwashing | Compliant | |

| 5101:2-12-13 Smoke Free | Not Verified | |
|--|------------------------|--|
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | Documenting statement(s), it applicable |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Not Verified | |
| Trip Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Not Verified | |
| Requirements | | |
| Dula | Chahara | December 6: 1/2 if it is |
| Rule F101:2.12.14 Transportation, Vohicle | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle Requirements | Not verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Not Verified | bootinenting statement(s), it approaches |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Not Verified | |
| Plans | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | bocamenting statement(s), it applicable |
| Precautions | | |
| | <u>I</u> | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | |
| Reporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | Documenting statement(s), if applicable |
| STOT.2-12-10 WHILLEH DISASLEI FIAH | INOU VEITHEU | |
| | l | - |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | |
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| Rule | Status | Documenting Statement(s) If applicable |
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| 5101:2-12-18 License Capacity | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Not verified | |
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| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-12-18 Ratio | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Not verified | |
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| Rule | Ctatus | Decumenting Statement/s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: Cribs were |
| | | separated from the play space by a safe |
| | | and sturdy and physical barrier. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Not Verified | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | , |
| Requirements | | |
| Requirements | | |
| Rule | Status | Documenting Statement/s) If annicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-23 Infant Daily Care | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Not Verified | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Not Verified | |
| Training | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Not Verified | |
| Safety Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Not Verified | |
| Administration | | |
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