

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 | nils | |
|---------------------------------|---------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| LEXINGTON "Y" CHILDCARE | 000000300672 | | Child Care Center |
| | | | |
| Address | | | County |
| 215 WEST. MAIN STREET MANSFIELD | | | RICHLAND |
| OH 44904 | | | |
| | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 08/05/2015 | E | | |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 03/28/2023 | Level II | | |

| | Insp | ection Information | | |
|----------------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 12/18/2023 | Begin Time 1 | 2:00 PM | End Time 2:50 PM | |
| Reviewer: MATTHEW PIGNA | то | | | |
| | Sur | mmary of Findings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 7 | 0 | 1 | 7 |

| 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) | | 7 | 0 | 7 |
| Young Toddler | | 9 | 0 | 9 |
| Total Under 2 ½ Years | 22 | 16 | 0 | 16 |
| Older Toddler | | 2 | 0 | 2 |
| Preschool | | 39 | 0 | 39 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 74 | 41 | 0 | 57 |

| S | taff-Child Ratios at the Time of Insp | ection | |
|-------|---------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |

| Pre-K | 4 years to < 5 years | 2 to 18 | 1st |
|-----------------|--------------------------|---------|-----|
| Pre-K | 3 years to < 4 years | 3 to 18 | 2nd |
| Older Preschool | 3 years to < 4 years | 1 to 9 | 1st |
| Young Preschool | 3 years to < 4 years | 1 to 10 | 1st |
| Infant | 0 to < 12 months | 2 to 5 | 1st |
| Infant | 0 to < 12 months | 3 to 5 | 2nd |
| Toddler | 18 months to < 30 months | 2 to 10 | 2nd |
| Young Preschool | 3 years to < 4 years | 3 to 10 | 2nd |
| Older Preschool | 3 years to < 4 years | 1 to 9 | 2nd |
| Toddler | 18 months to < 30 months | 2 to 10 | 1st |

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 5101:2-12-03 and 5101:2-13-03 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

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

Code: The program staff is required to remove any items listed in rule that are a potential suffocation risk from

cribs.

<u>Finding</u>: During the inspection, it was determined that a child had been placed in a crib with an object that created a potential strangulation or suffocation risk, as indicated in number 12 below:

- 1. Bib
- 2. Pacifier clip/ribbon
- 3. Teething jewelry

- 4. Blanket for infant under twelve months old
- 5. Pillow
- 6. Boppie
- 7. Bumper pad
- 8. Clothing stored in the crib
- 9. Diaper bag
- 10. Object or toy strung over the crib in which a child can pull himself up
- 11. Stuffed animal that is large/soft enough to conform to the shape of the child's face
- 12. Other: Pacifier with a stuffed animal attached to it

The rule prohibits any item which obstructs child-care staff's visibility or poses a risk of strangulation or suffocation from being placed on or in a crib. Remove the item immediately. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/17/2024

Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-12-20 Cots and Napping

<u>Code</u>: The program is required to not block pathways or exits with furniture or materials while the children are resting, napping, and/or sleeping.

<u>Finding</u>: During the inspection, it was determined that the placement of cots or mats in the toddler nap room did not meet the requirements as noted in number 1 below:

- 1. The placement did not allow for a clear pathway to each cot.
- 2. Cots or mats blocked exits.

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 not required at this time.



Domain: 04 Indoor/Outdoor Space

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

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

<u>Finding</u>: 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 1 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: 01/17/2024

Domain: 05 Health & Safety

Rule: 5101:2-12-22 Fluid Milk Requirements

<u>Code</u>: The program is required to serve age-appropriate fluid milk or obtain written documentation when serving substitutions for fluid milk.

<u>Finding</u>: During the inspection, it was determined that required documentation for substitutions for fluid milk was not on file as noted in number 2 below:

- 1. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants up to 12 months of age are served anything other than formula or breast milk.
- 2. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when infants and toddlers 12 months of age up to 24 months of age are served anything other than unflavored whole

homogenized vitamin D fortified cow's milk, breast milk, or non-cow milk substitution that is nutritionally equivalent to milk.

- 3. Written instructions from a licensed physician, physician's assistant, or certified nurse practitioner when toddlers and children 24 months of age and older are served anything other than unflavored one per cent milk that is vitamin A and D fortified, unflavored fat free or skim milk that is vitamin A and D fortified, or non-cow milk substitutions that are nutritionally equivalent to milk.
- 4. Written parental consent for non-cow milk substitutions that are nutritionally equivalent to milk for children 12 months of age and older.
- 5. The program did not have the type of milk on-site to ensure that all children were served age-appropriate fluid milk.

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 not required at this time.

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-23 Infant Bottle and Food Preparation

<u>Code</u>: The program staff is required to label and store bottles with breast milk following the requirements in rule.

<u>Finding</u>: During the inspection, it was determined that breast milk provided by the parent was not stored appropriately as noted in number 1 below:

- 1. Not labeled with infant's name, date pumped, and date bottle was prepared;
- 2. Not immediately refrigerated or frozen;
- 3. Stored at room temperature longer than eight hours;
- 4. Stored at the program for more than five days after it was expressed;
- 5. Stored longer than two weeks in the freezer compartment of the refrigerator;
- 6. Stored longer than six months in the refrigerator/freezer;
- 7. Stored longer than twelve months in the deep freezer;
- 8. Other [].

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

Corrective Action Plan Due: 01/17/2024

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

Code: The program is required to provide cribs with mattresses in good condition and sheets that are not too

large or too small for the crib.

<u>Finding</u>: During the inspection, it was determined that sheets, mattresses and/or mattress covers did not meet the rule requirement as noted in number 2 below:

- 1. At least one crib did not have a sheet.
- 2. At least one sheet was too large.
- 3. At least one sheet was too small.
- 4. At least one sheet was torn.
- 5. The mattress was not at least one and one-half inches thick.
- 6. The mattress was not firm.
- 7. There was space between the mattress and the sides and end panels of the crib which exceeded one and one-half inches.
- 8. The mattress cover was not waterproof.
- 9. The mattress cover was torn.
- 10. Other: [].

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

Corrective Action Plan Due: 01/17/2024

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-23 Infant Daily Care

<u>Code</u>: The program is required to provide a daily written record for each infant in care to the parents when picking up the infant each day.

<u>Finding</u>: During the inspection, it was determined that the written record used to document infant routines and activities did not meet the requirements as noted in number 5 below:

- 1. A daily written record was not provided to the parent or person picking up the infant on a daily basis.
- 2. Food intake was missing.
- 3. Sleeping patterns was missing.
- 4. Times and results of diaper changes was missing.
- 5. Information about daily activities was missing.

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 not required at this time.

Domain: 09 Children's Files

Rule: 5101:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to have a completed medical on file at the program for each child enrolled.

<u>Finding</u>: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 8 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed.
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified

nurse practitioner (CNP) who examined the child

- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of

conscience, including religious convictions

11. Other []

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

Corrective Action Plan Due: 01/17/2024

Rules In-Compliance/Not Verified

| D.J. | Chahara | Decrease the State (1) if It It |
|---|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| Dula | Chahua | Described Chatamant/s) If and include |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department Inspection | Compliant | |
| • | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: |
| | | Documentation of a fire inspection |
| | | without any uncorrected violations must |
| | | be secured for the program. Secure a |
| | | new fire inspection by 3/28/24. |
| | | , , , , , |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Although the |
| · | · | program had documentation of a current |
| | | fire inspection without any uncorrected |
| | | violations 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 |
| | | inspection without any uncorrected |
| | | violations. Please ensure that fire |
| | | |
| | | inspections are completed in accordance |
| | | with the rule requirements. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | LUTT-CPBN4U; Expiration Date: 3-1-24. |
| Rule: 5101:2-12-04 Food Service | Compliant | Documenting Statement: The off-site |
| Requirements | | food processing establishment's current |
| | | Ohio Department of Agriculture |
| | | Onio Department of Agriculture |

| | | registration information was observed |
|--|-----------|--|
| | | during the inspection. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Responsibilities/Requirements | | |
| DI- | Chahara | Described Chatanage (1) If a call-abla |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program Policies and Procedures | Compliant | |
| Policies and Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | Documenting Statement(s), if applicable |
| 3101.2-12-00 Wedical Statement | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | · | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 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 |
| 5101:2-12-10 Health Training | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement/s) If applicable |
| 5101:2-12-10 Professional | Compliant | Documenting Statement(s), If applicable |
| Development Requirements | Compilant | |
| Development Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | 2 334 Heriting Statement(5), 11 applicable |
| Requirements | | |
| | l | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Compliant | , , , , , , , , , , , , , , , , , , , |
| Under 2 1/2 Years | | |
| · | L | - |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |

| | | 1 |
|---------------------------------------|-----------|---|
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
| | | |
| | I a | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| | | |
| Pula | Chahua | Decumenting Statement (a) If and include |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | Documenting Statement(s), if applicable |
| Environment | Compilant | |
| Environment | | |
| Rule | Status | Documenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| 2.1 | | D C/ \ If . |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
| | I a | 15 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: An annual |
| Vehicle Requirements | | safety check of the vehicles, using the JFS |
| | | 01230 "Vehicle Inspection Report For |
| | | Child Care Centers" form, were verified |
| | | and dated: VIN: 5447 - Dated: 2/10/23; |
| | | VIN: 3025 - Dated: 2/23/23; VIN: 5884 - |
| | | Dated: 1/24/23. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Compliant | |
| Plans | | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|------------------|---|
| 5101:2-12-16 Medical, Dental, and | Compliant | 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| General Emergency Plan | · | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | bocumenting statement(s), if applicable |
| Precautions | Compilant | |
| | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | |
| Reporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | bocumenting statement(s), if applicable |
| 3101.2 12 10 Written bisaster Flair | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| | | |
| Dula | Chatria | Decree onting Chaters ant/a) If a militable |
| Rule 5101:2-12-17 Materials and | Status Compliant | Documenting Statement(s), If applicable |
| Equipment | Compilant | |
| Ефартенс | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| | | |
| | | |
| Rule 5101 2 12 12 Company City | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | G Tanas (-), abband. |

| tatus ompliant tatus ompliant tatus ompliant tatus | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
|--|---|
| tatus ompliant tatus ompliant tatus ompliant | Documenting Statement(s), If applicable |
| tatus ompliant tatus ompliant | |
| ompliant tatus ompliant | |
| ompliant tatus ompliant | |
| tatus ompliant | Documenting Statement(s), If applicable |
| ompliant | Documenting Statement(s), If applicable |
| ompliant | Documenting Statement(s), If applicable |
| | |
| tatus | |
| tatus | |
| tatus | |
| | Documenting Statement(s), If applicable |
| ompliant | |
| | |
| | |
| | Documenting Statement(s), If applicable |
| ompliant | |
| | |
| hata | Decumenting Statements If anning le |
| | Documenting Statement(s), If applicable |
| ompliant | |
| | |
| tatus | Documenting Statement(s), If applicable |
| | Documenting Statement(s), if applicable |
| οπιρπαπι | |
| | |
| tatus | Documenting Statement(s), If applicable |
| ompliant | -5 (// 11 - |
| • | |
| | |
| tt | atus ompliant atus ompliant atus ompliant atus ompliant |