

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	ils	
Program Name	Program Number		Program Type
LEXINGTON-BELL EARLY CHILDHOOD	000000302871		Child Care Center
SERVICES			
Address			County
7724 LEXINGTON CLEVELAND			CUYAHOGA
OH 44103			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
Fire Inspection Approval Date	Food Service Risk Level		
05/15/2023	Level III		

Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice	
Annual	Full		Unannounced	
Inspection Date 12/20/2023	Begin Time 1	1:15 AM	End Time 3:15 PM	
Reviewer: PATRICIA REMINGTON				
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		Enr	ollment
	Totals	Full Time	Part Time	Total
Infant (Birth to < 18 m)		0	0	0
Young Toddler		4	0	4
Total Under 2 ½ Years	22	4	0	4
Older Toddler		6	0	6
Preschool		16	0	16
School Age		0	19	19
Total Capacity/Enrollment	112	22	19	45

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

Toddlers	18 months to < 30 months	2 to 9	Lunch
Toddlers	18 months to < 30 months	2 to 9	Naptime
Preschool	3 years to < 4 years	2 to 15	
Preschool	3 years to < 4 years	2 to 15	Lunch
School age	School-Age to < 11 years	1 to 3	Lunch
School age	School-Age to < 11 years	3 to 15	

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

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 6a below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies 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);
- 6. Tuberculosis (TB) screening/test information was missing:
- 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 6a.
- 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.

Corrective Action Plan Due: 01/20/2024

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	3 3 3 3 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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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		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Building Department	Compliant	
Inspection		
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 5/15/24.
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:
		KSHY-CPPQVY- 3/1/24.
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Qualifications	· ·	
Rule	Status	Documenting Statement(s), If applicable
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F404-2-42-07-Administrator	Committeet	
5101:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Written Program	Compliant	
Policies and Procedures	,	
Tomeres and Trocedures	<u> </u>	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Orientation Training &	Compliant	
Whistle Blower Protection		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-09 Background Check	Compliant	0 (" 11
Requirements	oopa	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Health Training	Compliant	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Compliant	bocamenting statement(s), it applicable
	Compliant	
Development Requirements		
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
		Documenting Statement(s), If applicable
5101:2-12-11 Separation of Children	Compliant	
Under 2 1/2 Years		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Space	Compliant	
Requirements	, , , , , , , , , , , , , , , , , , ,	
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Play	Not Verified	Documenting Statement: The outdoor
Equipment		play space and equipment were not
		viewed during this inspection due to snow
		covering, inclement weather conditions;
		however, the requirements were
		discussed.
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Fall Zones	Not Verified	

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	
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	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation and Field Trip Procedures	Compliant	
The Procedures		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation - Driver	Compliant	boarnening statement(s), ii applicable
Requirements	Compilant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation -	Compliant	Documenting Statement: The vehicle(s)
Vehicle Requirements		used by the program to transport children
		is inspected and licensed by the Ohio
		State Highway Patrol. Expires- 5/9/23
Rule: 5101:2-12-14 Transportation -	Compliant	Documenting Statement: During the
Vehicle Requirements		inspection, weekly safety inspections
		and/or monthly emergency exiting drills
		were completed and documented, as
		required [using the ODJFS sample form].
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-15 Child Medical and	Compliant	100
Enrollment Records	·	
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	Documenting Statement(s), If applicable
General Emergency Plan	Compnant	
General Emergency Flan		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Emergency Drills	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Compliant	
Precautions		
Dula	Chahua	Decrease which Chate was the life was lively
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of Communicable Disease	Compliant	
Communicable Disease		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury	Compliant	,
Reporting	· '	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Compliant	
Dula	Ctatus	Decrease which Chake we will be the live in the land
Rule F101:2 12 17 Daily Schodulo	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and	Compliant	
Equipment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Ratio	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	bocumenting statement(s), it applicable
3131.2 12 13 31 34p 312C	Compilant	
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Rule	Status	Documenting Statement(s), If applicable
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5101:2-12-18 Attendance Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	Documenting statement(3), if applicable
3101.2-12-13 Clilia Galdance	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cots and Napping	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food Handling/Storage	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-23 Diapering and Toilet Training	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-25 Medication	Compliant	Documenting statement(s), if applicable
Administration	Соттриант	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-08 Child Care Staff Member Educational Requirements	Compliant	