

## **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            | ils             |                   |
|-------------------------------|-------------------------|-----------------|-------------------|
| Program Name                  | Program Number          |                 | Program Type      |
| Maywood Learning Center       | 000000403106            |                 | Child Care Center |
|                               |                         |                 |                   |
| Address                       |                         |                 | County            |
| 1029 S BROAD ST LANCASTER     |                         |                 | FAIRFIELD         |
| ОН                            |                         |                 |                   |
| 43130                         |                         |                 |                   |
|                               |                         |                 |                   |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 08/12/2004                    | E                       | 99              |                   |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |
| 06/14/2023                    | Level III               |                 |                   |

| Inspection Information |                     |               |                  |                   |              |
|------------------------|---------------------|---------------|------------------|-------------------|--------------|
| Inspection Type        |                     | Inspection So | соре             | Inspection Notice |              |
| Amendment - chang      | ge of capacity      | Partial       |                  | Unannounced       |              |
| Inspection Date        |                     | Begin Time    |                  | End Time          |              |
| 05/31/2024             |                     | 8:30 AM       |                  | 9:30 AM           |              |
| Reviewer:              |                     |               |                  |                   |              |
| Sara Goke              |                     |               |                  |                   |              |
| Summary of Findings    |                     |               |                  |                   |              |
| No. Rules Verified     | No. Rules with Non- | compliances   | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 11                     | 0                   |               | 0                | 0                 | 0            |

| 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                                     | 5                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 72               | 0          | 0         | 0     |

| Si    | taff-Child Ratios at the Time of Ins | pection        |         |
|-------|--------------------------------------|----------------|---------|
| Group | Age Group/Range                      | Ratio Observed | Comment |



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

Low Risk Non-Compliances

No Low Risk Non-Compliances were observed during this inspection



| Rules In-Compliance/Not Verified |  |
|----------------------------------|--|

| Rule                                | Status       | Documenting Statement(s), If applicable |
|-------------------------------------|--------------|---|
| 5101:2-12-02 License Posted         | Not Verified |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information    | Not Verified |   |
|                                     |              |   |
| 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    | Compliant    |   |
| Inspection                          |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection        | Compliant    |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service           | Compliant    |   |
| Requirements                        |              |   |
| Rule                                | Status       | Documenting Statement(c) If applicable  |
|                                     |              | 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  |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator                                    | Not Verified           |   |
| Responsibilities/Requirements                                 |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program                                  | Not Verified           |   |
| Policies and Procedures                                       |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement                                | Not Verified           |   |
|   |                        |   |
| Dula  | Chathar                |   |
| Rule  | Status<br>Not Vorified | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & Whistle Blower Protection | Not Verified           |   |
|   |                        |   |
| Rule  | Status                 | Decumenting Statement(c) If englishing  |
| 5101:2-12-09 Background Check                                 | Not Verified           | Documenting Statement(s), If applicable |
| Requirements  | Not vermeu             |   |
| Requirements  |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training                                  | Not Verified           |   |
| Requirements  |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional                                     | Not Verified           |   |
| Development Requirements                                      |                        |   |
|   |                        | <u>.</u>                                |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space                                     | Compliant              |   |
| Requirements  |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children                           | Not Verified           |   |
| Under 2 1/2 Years   |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space                                    | Not Verified           |   |
| Requirements  |                        |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment                           | Not Verified           |   |
|   |                        |   |
|   |                        |   |



Department of Education Department of Job and Family Services

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|--|--------------|---|
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones   | Not Verified |   |
|  | not vermed   |   |
|  |              |   |
|  |              |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment            | Compliant    |   |
|  |              |   |
|  |              |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
|  |              | Documenting Statement(3), it applicable |
| 5101:2-12-12 Safe Environment          | Compliant    |   |
|  |              |   |
|  |              |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and    | Compliant    |   |
| Environment                            |              |   |
|  | 1            |   |
|  |              |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing               | Not Verified |   |
| Requirements                           |              |   |
|  |              |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
|  |              | bocumenting statement(s), if applicable |
| 5101:2-12-13 Smoke Free                | Not Verified |   |
| Environment                            |              |   |
|  |              |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing             | Not Verified |   |
| -                                      | Not vermed   |   |
| Requirements                           |              |   |
|  |              |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field  | Not Verified |   |
| Trip Procedures                        |              |   |
| ···· p · · · · · · · · · · · · · · · · |              |   |
| Dulo                                   | Status       | Desumenting Statement(s) If any liceble |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver   | Not Verified |   |
| Requirements                           |              |   |
|  |              |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle  | Not Verified |   |
| •                                      |              |   |
| Requirements                           |              |   |
|  |              |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and         | Not Verified |   |
| Enrollment Records                     |              |   |
|  |              |   |
|  |              |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care     | Not Verified |   |
|  |              |   |
| Plans                                  |              |   |
| Plans                                  |              |   |
| Plans                                  | Status       | Documenting Statement(s), If applicable |



| E101:2 12 16 Modical Dontal and   | Compliant    |   |
|-----------------------------------|--------------|---|
| 5101:2-12-16 Medical, Dental, and | Compliant    |   |
| General Emergency Plan            |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills     | Not Verified | bocumenting statement(s), if applicable |
| STOT'S-IS-ID FUILIBELICA DUILS    |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard   | Not Verified |   |
| Precautions                       |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of        | Not Verified |   |
| Communicable Disease              |              |   |
|                                   | I            |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury      | Not Verified |   |
| Reporting                         |              |   |
|                                   |              | I                                       |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule       | Compliant    |   |
| Sione in Suny 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   | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
| 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                | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size           | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records   | Not Verified |   |
| <u> </u>                          |              |   |
| Dulo                              | Ctatus       | Desumenting Statement/s) If such as     |
| Rule                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision          | Not Verified |   |



| Rule   | Status   | Documenting Statement(s), If applicable   |
|--|--|---|
| 5101:2-12-19 Child Guidance  | Not Verified   |   |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-20 Cots and Napping  | Not Verified   |   |
|  | Not vermed   |   |
|  |  |   |
| Dula   | Chatura  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-20 Cribs   | Not Verified   |   |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-21 Evening and Overnight   | Not Verified   |   |
| Care   |  |   |
|  | 1  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Meal and Snack  | Not Verified   | Documenting statement(s), it applicable   |
|  | Not vermed   |   |
| Requirements   |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-22 Fluid Milk Requirements   | Not Verified   |   |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable   |
|  |  |   |
| LL SUUTZ-TZ-ZZ Sate Food   | Not Verified   |   |
| 5101:2-12-22 Safe Food   | Not Verified   |   |
| 5101:2-12-22 Safe Food<br>Handling/Storage   | Not Verified   |   |
| Handling/Storage   |  |   |
| Handling/Storage<br>Rule   | Status   | Documenting Statement(s), If applicable   |
| Handling/Storage   |  | Documenting Statement(s), If applicable   |
| Handling/Storage<br>Rule   | Status   | Documenting Statement(s), If applicable   |
| Handling/Storage<br>Rule   | Status   | Documenting Statement(s), If applicable   |
| Handling/Storage<br>Rule   | Status   | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| Handling/Storage<br>Rule<br>5101:2-12-23 Infant Daily Care   | Status<br>Not Verified   |   |
| Handling/StorageRule5101:2-12-23 Infant Daily CareRule5101:2-12-23 Infant Bottle and Food  | Status<br>Not Verified<br>Status   |   |
| Handling/Storage Rule 5101:2-12-23 Infant Daily Care Rule  | Status<br>Not Verified<br>Status   |   |
| Handling/Storage         Rule         5101:2-12-23 Infant Daily Care         Rule         5101:2-12-23 Infant Bottle and Food         Preparation  | Status<br>Not Verified<br>Status<br>Not Verified   | Documenting Statement(s), If applicable   |
| Handling/Storage         Rule         5101:2-12-23 Infant Daily Care         Rule         5101:2-12-23 Infant Bottle and Food         Preparation         Rule   | Status<br>Not Verified<br>Status<br>Not Verified<br>Status   |   |
| Handling/StorageRule5101:2-12-23 Infant Daily CareRule5101:2-12-23 Infant Bottle and Food<br>PreparationRule5101:2-12-23 Diapering and Toilet  | Status<br>Not Verified<br>Status<br>Not Verified   | Documenting Statement(s), If applicable   |
| Handling/Storage         Rule         5101:2-12-23 Infant Daily Care         Rule         5101:2-12-23 Infant Bottle and Food         Preparation         Rule   | Status<br>Not Verified<br>Status<br>Not Verified<br>Status   | Documenting Statement(s), If applicable   |
| Handling/StorageRule5101:2-12-23 Infant Daily CareRule5101:2-12-23 Infant Bottle and Food<br>PreparationRule5101:2-12-23 Diapering and Toilet  | Status<br>Not Verified<br>Status<br>Not Verified<br>Status   | Documenting Statement(s), If applicable   |
| Handling/StorageRule5101:2-12-23 Infant Daily CareRule5101:2-12-23 Infant Bottle and Food<br>PreparationRule5101:2-12-23 Diapering and Toilet  | Status<br>Not Verified<br>Status<br>Not Verified<br>Status   | Documenting Statement(s), If applicable   |
| Handling/Storage         Rule         5101:2-12-23 Infant Daily Care         Rule         5101:2-12-23 Infant Bottle and Food         Preparation         Rule         5101:2-12-23 Diapering and Toilet         Training  | Status         Not Verified         Status         Not Verified         Status         Not Verified  | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| Handling/StorageRule5101:2-12-23 Infant Daily CareRule5101:2-12-23 Infant Bottle and Food<br>PreparationRule5101:2-12-23 Diapering and Toilet<br>TrainingRuleS101:2-12-24 Swimming and Water   | Status         Not Verified         Status         Not Verified         Status         Not Verified         Status   | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| Handling/Storage         Rule         5101:2-12-23 Infant Daily Care         Rule         5101:2-12-23 Infant Bottle and Food         Preparation         Rule         5101:2-12-23 Diapering and Toilet         Training         Rule         Rule  | Status         Not Verified         Status         Not Verified         Status         Not Verified         Status   | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| Handling/Storage         Rule         5101:2-12-23 Infant Daily Care         Rule         5101:2-12-23 Infant Bottle and Food         Preparation         Rule         5101:2-12-23 Diapering and Toilet         Training         Rule         5101:2-12-24 Swimming and Water         Safety Requirements | Status         Not Verified  | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable |
| Handling/StorageRule5101:2-12-23 Infant Daily CareRule5101:2-12-23 Infant Bottle and Food<br>PreparationRule5101:2-12-23 Diapering and Toilet<br>TrainingRuleS101:2-12-24 Swimming and Water<br>Safety RequirementsRule  | Status         Not Verified         Status         Status         Status         Status         Status         Status         Status         Status         Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable   |
| Handling/Storage         Rule         5101:2-12-23 Infant Daily Care         Rule         5101:2-12-23 Infant Bottle and Food         Preparation         Rule         5101:2-12-23 Diapering and Toilet         Training         Rule         5101:2-12-24 Swimming and Water         Safety Requirements | Status         Not Verified  | Documenting Statement(s), If applicable         Documenting Statement(s), If applicable         Documenting Statement(s), If applicable |



| Status       | Documenting Statement(s), If applicable |
|--------------|---|
| Not Verified |   |
|              |   |
|              |   |
| Status       | Documenting Statement(s), If applicable |
| Not Verified |   |
|              |   |
|              |   |
|              | Not Verified<br>Status                  |