

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 | | |
| GRACE LUTHERAN CHRISTIAN PRESCHOOL | 000000304016 | | Child Care Center | | |
| | | | | | |
| Address | | | County | | |
| 9685 E RIVER RD ELYRIA | | | LORAIN | | |
| OH 44035 | | | | | |
| | | | | | |
| | | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | | |
| 06/21/2013 | A-4 | 35 | | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | | |
| 07/31/2020 | Exempt | | | | |

| Inspection Information | | | | | |
|----------------------------|--------------------|---------------|------------------|-------------------|--------------|
| Inspection Type | | Inspection So | cope | Inspection Notice | |
| Amendment - cha | nge of capacity | Partial | | Unannounced | |
| Inspection Date 12/15/2021 | | Begin Time 3 | :00 PM | End Time 3:30 PM | |
| Reviewer: DIANE TRACZYK | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non | -compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 6 | 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 | 0 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 34 | 0 | 0 | 0 |

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



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

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 | Documenting statement(s), if applicable |
| 5101.2-12-02 Current information | Not vermed | |
| | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: The program's |
| Department Inspection | | future plans to secure additional space |
| | | and building approval for classroom 3 |
| | | were discussed during the inspection. |
| Pula F1012 12 04 Puilding | Compliant | Decumenting Statements During the |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: During the |
| Department Inspection | | inspection, the requirements of the rule |
| | | regarding building approval were |
| | | discussed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: During the |
| | | inspection, documentation of a fire |
| | | inspection without any uncorrected |
| | | violations for the following additional |
| | | space was reviewed: |
| | | |



| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding fire inspection were discussed. |
|--|--|--|
| | | |
| Rule | Status Nat Varified | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | |
| Suspension | | |
| Suspension | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Qualifications | | |
| 1 | 1 | |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | NU 1 N/ 101 1 | |
| 5101.2-12-06 Onentation fraining & | Not Verified | |
| Whistle Blower Protection | Not Verified | |
| 5 | Not Verified | |
| 5 | Status | Documenting Statement(s), If applicable |
| Whistle Blower Protection | | Documenting Statement(s), If applicable |
| Whistle Blower Protection Rule | Status | Documenting Statement(s), If applicable |
| Whistle Blower Protection Rule 5101:2-12-09 Background Check | Status | |
| Whistle Blower Protection Rule 5101:2-12-09 Background Check Requirements Rule | Status Not Verified Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Whistle Blower Protection Rule 5101:2-12-09 Background Check Requirements Rule 5101:2-12-10 Health Training | Status Not Verified | |
| Whistle Blower Protection Rule 5101:2-12-09 Background Check Requirements Rule | Status Not Verified Status | |
| Whistle Blower Protection Rule 5101:2-12-09 Background Check Requirements Rule 5101:2-12-10 Health Training Requirements | Status Not Verified Status Not Verified | Documenting Statement(s), If applicable |
| Whistle Blower Protection Rule 5101:2-12-09 Background Check Requirements Rule 5101:2-12-10 Health Training Requirements Rule Rule | Status Not Verified Status Not Verified Status | |
| Whistle Blower Protection Rule 5101:2-12-09 Background Check Requirements Rule 5101:2-12-10 Health Training Requirements | Status Not Verified Status Not Verified | Documenting Statement(s), If applicable |



| | - | |
|---------------------------------------|--------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Not Verified | |
| Under 2 1/2 Years | | |
| 0 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | Documenting statement(s), if applicable |
| 5101:2-12-11 Outdoor Space | Not vermed | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
| | | |
| | | |
| 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 | Not Verified | |
| | | |
| | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Not Verified | |
| Environment | | |
| Livionment | | |
| Dula | Status | Desumenting Statement(s) If empliciple |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting 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 | |
| Requirements | | |
| Lucqui enents | 1 | |
| Pulo | Status | Desumanting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Not Verified | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |



| Beginning | | |
|---------------------------------------|--------------|--|
| 5101:2-12-14 Transportation - Driver | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s) If applicable |
| | | 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 | Not vermed | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care | Not Verified | |
| Plans | | |
| | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | | the inspection, the complete prescribed |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: During the |
| | Compliant | |
| and General Emergency Plan | | inspection, the requirements of the rule |
| | | regarding medical, dental and general |
| | | emergencies were discussed. |
| | | |
| | | · · · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | |
| 5101.2-12-10 Littergency Diffis | Not vermed | |
| | | |
| | 1 - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | |
| Precautions | | |
| | | · · · · · · · · · · · · · · · · · · · |
| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | |
| 5101:2-12-16 Management of | | |
| 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 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |



| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules were observed posted. |
|-------------------------------------|--------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Materials and | Compliant | Documenting Statement: Sufficient |
| Equipment | | equipment was observed in all categories. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s) If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement(s), If applicable Documenting Statement: The program |
| Rule. 5101.2-12-18 License Capacity | Compliant | had requested a change in the program's |
| | | license capacity. Please be reminded the |
| | | license capacity change shall not be in |
| | | |
| | | effect until Departmental approval is |
| | | received in writing by the program. |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: During the |
| | | inspection, the requirements of the rule |
| | | regarding license capacity were discussed. |
| | | |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Not Verified | |
| | | 1 |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



Department of Education Department of Job and Family Services

| 5101:2-12-20 Cribs | Not Verified | |
|--------------------------------------|--------------|---|
| 5101.2-12-20 CHbs | Not vermeu | |
| | I | |
| 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 | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | |
| • | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Not Verified | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Not Verified | |
| Training | | |
| | | |
| 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 | | |
| | | |
| 1 | | |