

Center Complaint Inspection Summary 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				
LITTLE SCHOLARS II	00000306004	Child Care Center				
Address		County				
9220 LAKESHORE BLVD MENTOR OH 44060		LAKE				

Inspection Information							
Inspection Type		Inspection Scope		Inspection Notice			
Complaint		Partial		Unannounced			
Reviewer(s) RENA	ewer(s) RENADA FITCH Inspection Day		Begin Time		End Time		
		11/01/20	22	11:1	5 AM	5:34 PM	
Summary of Findings							
No. Rules Verified	No. Rules with Non-cor	mpliances No. Serious Risk		<	No. Moderate Risk	No. Low Risk	
8	3		0		0	3	

Staff-Child Ratios at the Time of Inspection					
Group	Age Group/Range	Ratio Observed	Comment		
Infant 1		1 to 5			
Infant 2	12 months to < 18 months	1 to 6			
Toddler 1		2 to 12			
Toddler 2		1 to 6			
Preschool		2 to 14			
Pre K		2 to 16			



Complaint Allegations

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.

red.		
Domain:07 Diapering & Infant Care		
Rule: 5101:2-12-23 Infant Daily Care		
Code: The program staff is required to refrain from placing an infant in a crib with a bottle.		
Allegation: it was alleged that some infants had been given bottles in their cribs		
<u>Determination</u> : Substantiated		
Findings: During the inspection, it was determined that an infant was placed in a crib with a bottle. Submit the program's		
corrective action plan to verify compliance with the requirements of this rule.		
Risk Level: Low		
Corrective Action Plan Due: 12/01/2022		
Summary of Additional Non-Compliances		
Serious Risk Non-Compliances		
No Additional Serious Risk Non-Compliances were observed during this inspection		
Moderate Risk Non-Compliances		
No Additional Moderate Risk Non-Compliances were observed during this inspection		
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Low Risk Non-Compliances

Domain:01 Ratio & Supervision

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

Code: The program is required to have child sleep only on cots/mats.

Findings: During the inspection, it was determined that a child was sleeping as noted in number(s) 4 below:

- On the floor.
- 2. At the table.
- On a bean bag chair.
- 4. On a couch or chair.
- 5. Other [].

Children shall be provided a cot or mat to rest, nap, or sleep. 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:01 Ratio & Supervision

Rule: 5101:2-12-18 Attendance Records

Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 2 below:

- 1. No attendance record was being maintained.
- 2. The attendance record was not being consistently completed.
- 3. The original attendance documentation was not kept at the program for a period of one year.

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: 12/01/2022