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 | |
| GLORIA DEI LUTHERAN CHURCH | 000000102140 | | Child Care Center | |
| PRESCHOOL | | | | |
| Address | | | County | |
| 2113 RAVENNA ROAD HUDSON | | | SUMMIT | |
| ОН | | | | |
| 44236 | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 02/02/1998 | E | 25 | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 09/20/2017 | Exempt | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Follow-up | Full | | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 04/30/2024 | 8:57 AM | 8:57 AM | | 10:25 AM | |
| Reviewer: | | | | | |
| MICHELE FAKAN | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 16 | 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 | | 45 | 0 | 45 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 41 | 45 | 0 | 45 |

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



| 4 year old preschool | 4 years to < 5 years | 2 to 10 | |
|----------------------|---------------------------|---------|--|
| pre-k | 5 years to < Kindergarten | 2 to 10 | |

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 | | | |
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| No Serious Risk Non-Compliances were observed during this inspection | | | |
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| Moderate Risk Non-Compliances | | | |
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| No Moderate Risk Non-Compliances were observed during this inspection | | | |
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| Low Risk Non-Compliances | | | |

| No Low Risk Non-Compliances were o | observed during this inspe | ection |
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| | Dulas la Canadianas / | Mat Marifia d |
| | Rules In-Compliance/I | NOT VERITIED |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Not Verified | bocumenting statement(s), if applicable |
| J101.2-12-02 License i Osted | Not vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified | bootinenting statement(s), it approals |
| | Troc vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | 3 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Requirements | | |
| - | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Not Verified | , , , , , , , , , , , , , , , , , , , |
| Inspection | | |
| opesiis | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: |
| Tale: 5151.2 12 54 File Hispection | Compliant | = |
| | | Documentation of a fire inspection |
| | | Documentation of a fire inspection without any uncorrected violations must |
| | | Documentation of a fire inspection without any uncorrected violations must be secured for the program. Secure a |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------|--------------|---|
| 5101:2-12-04 Food Service | Not Verified | |
| Requirements | | |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | bocumenting statement(3), if applicable |
| 5101:2-12-12 Safe Equipment | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Not Verified | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | bocumenting statement(3), if applicable |
| | Not verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Not Verified | |
| Environment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Not Verified | boomening statement(s), it approaches |
| | Not verified | |
| Trip Procedures | | |
| | | |
| 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 |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Care Plans | | had current information on the medical |
| Care Fians | | |
| | | status and the required treatment plan |
| | | for the children with health conditions. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Not Verified | |
| General Emergency Plan | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-16 Emergency Drills | Not Verified | Documenting Statement(s), if applicable |

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| 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 | Documenting statement(s), if applicable |
| · · | Not verified | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | |
| Reporting | | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Not Verified | 3 (7, 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Not Verified | bounding statement(s), it applicable |
| | Not vermed | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| | | "Staff/Child Ratios, Age Grouping and |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
| | | , required. |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| Naie. Jioi.2-12-10 Natio | Compliant | ratios observed during the inspection |
| | | , |
| | | were in compliance. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Group Size | Compliant | Documenting Statement: The group sizes |
| | | observed on the day of the inspection |
| | | were in compliance. |
| | | · |
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| Rule | Status | Documenting Statement(s), If applicable |
| | 0.000 | |

| 5101:2-12-18 Attendance Records | Not Verified | |
|--------------------------------------|------------------------|---|
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-19 Supervision | Compliant | Documenting Statement: Child Care Staff |
| | | Members were supervising the children |
| | | and were able to intervene as needed. |
| | | |
| D. J. | Ctatura | December 20 Chater and a life and leading |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | |
| Requirements | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
| Dula | Ctatus | Decumenting Chatement (a) If and inchis |
| Rule | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Not Verified | |
| Training | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Not Verified | 3 (" 11 |
| Administration | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |
| Rulo | Chatus | Decumenting Statement/s) If annies his |
| Rule | Status Not Varified | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | |
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