

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 | ails | |
|--|-------------------------|-----------------|----------------------|
| Program Name | Program Number | | Program Type |
| LINCOLN LEARNING CENTER | 000000106134 | | Child Care Center |
| Address 718 E. 3RD STREET SALEM OH 44460 | | | County COLUMBIANA |
| | 1 | I a | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 05/14/2004 | I-4 | 246 | |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 12/29/2022 | Exempt | | |

| Inspection Information | | | | |
|----------------------------|-------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspectio | n Scope | Inspection Notice | |
| Amendment - chang | ge of capacity Partial | | Unannounced | |
| Inspection Date 05/16/2023 | Begin Tin | e 1:05 PM | End Time 2:05 PM | |
| Reviewer: | | | | |
| SHERI BAILEY | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliance | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 7 | 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 | 18 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 62 | 0 | 0 | 0 |

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



| Infant | 0 to < 12 months | 1 to 4 | |
|-----------|--------------------------|---------|-----|
| Toddler | 18 months to < 30 months | 1 to 7 | Nap |
| Preschool | 3 years to < 4 years | 1 to 15 | Nap |
| Pre-K | 4 years to < 5 years | 3 to 14 | Nap |

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 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Madayata Diak Nay Compliance | | | |
| Moderate Risk Non-Compliances | | | |
| No Moderate Risk Non-Compliances were observed during this inspection | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Low Risk Non-Compliances | | | |
|--|--|--|--|
| No Low Bick Non Compliances were observed during this inspection | | | |
| 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 |
| | | 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 | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-05 Denial, Revocation and Suspension | Not Verified | |
|--|--------------|--|
| | | |
| 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 | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | 1,7, 11 |
| | | |
| | | |
| 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 & | Not Verified | |
| Whistle Blower Protection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Not Verified | 0 (" 11 |
| Requirements | | |
| quee. | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | |
| Requirements | Not vermed | |
| | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | bocumenting statement(s), it applicable |
| Development Requirements | Not verifica | |
| Development nequirements | | |
| Rule | Status | Documenting Statement(s) If applicable |
| nuie | Status | Documenting Statement(s), If applicable |
| E101.2 12 11 Indoor Crass | Not Varified | 1 |
| 5101:2-12-11 Indoor Space | Not Verified | |
| 5101:2-12-11 Indoor Space Requirements | Not Verified | |
| Requirements | | |
| Requirements Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-11 Separation of Children | | Documenting Statement(s), If applicable |
| Requirements Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-11 Separation of Children | Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |

| 5404 2 42 44 0 11 6 | | |
|--|--------------|---|
| 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 | 0 |
| 3101.2 12 11 Outdoor Flay Equipment | Not vermed | |
| | | |
| | 1 | 2 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was |
| | - Compilario | observed to be in good condition. |
| | | observed to be in good condition. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: Cleaning |
| | | supplies were viewed stored out of the |
| | | reach of children. |
| | | reaction citiatetti. |
| Dulo, E101,2-12-12-Cofo Facility and 1-1 | Compliant | Documenting Statements A sefe |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: A safe |
| | | environment was observed during the |
| | | inspection. Children were protected from |
| | | items and conditions which threaten their |
| | | health, safety and well-being. |
| | | Treating safety and wen semigr |
| | | |
| Dula | Chahara | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Not Verified | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | bootinenting otatement(o), it applicable |
| | NOT VEHILLER | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Not Verified | |
| Environment | | |
| Entrollment | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | |
| Requirements | | |
| <u> </u> | | _ |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(S), it applicable |
| 5101:2-12-14 Transportation and Field | Not Verified | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | 3.3.00 | Booking outcoment(s), it applicable |

| 5101:2-12-14 Transportation - Driver | Not Verified | |
|--|--------------|---|
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle Requirements | Not Verified | Bocamenting statement(s), if applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and Enrollment Records | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Medical/Physical Care Plans | Not Verified | Documenting Statement(s), ii applicable |
| | I. | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | Bodinenting statement(s), if applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard Precautions | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of Communicable Disease | Not Verified | Documenting Statement(s), if applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury Reporting | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | bodinenting statement(s), if applicable |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules were observed posted. |
| Dula | Chahua | Decrine white Chake we will be a live by |
| 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 | Use of the second secon |
| 3101.2 12 17 Daily Gutdoor Flay | Not vermed | |
| | 1 | |
| Dulo | Chahira | Descripe Statements (formline) |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Not Verified | |
| | | |
| | | |
| 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 | Dodamenting ottatement(o), in approach |
| J101.2-12-10 Attendance Necolds | Not vermed | |
| | 1 | |
| Dulo | Ctatus | Desumenting Statement/s) If applicable |
| 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 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Not Verified | |
| | | |
| | 1 | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Not Verified | bocumenting statement(s), it applicable |
| | Not verilled | |
| Care | | |
| | | |
| 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 | |
| Jacob Le 22 Haid Will Nequilements | NOC VCITIEU | |

| 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 | | |