

## **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	ails	
Program Name	Program Number		Program Type
LITTLE LIGHTHOUSE LEARNING CENTER	000000300843		Child Care Center
Address 1715 MEISTER ROAD LORAIN OH 44053			County LORAIN
Building Approval Date 09/02/2016	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
Fire Inspection Approval Date 08/24/2021	Food Service Risk L Level III	evel	

	Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice		
Annual	Full		Unannounced		
Inspection Date 10/01/2021	Begin Time 1	1:30 AM	End Time 2:30 PM		
Reviewer: BRAD REHKER					
Summary of Findings					
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk	
57	1	0	0	2	

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		51	0	51
School Age		0	0	0
Total Capacity/Enrollment	75	51	0	51

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Mrs Rumpf 103	3 years to < 4 years	2 to 11	

Ms Susanjar 101	3 years to < 4 years	3 to 11	Groups combined
			to leave for day
Ms Gonzalez 206		0 to 0	Group combined
			with other on day
			of inspection

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

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Medical Statement

Code: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that completed medical examination statement(s) for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/03/2021

**Domain: 08 Staff Files** 

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to include all information.

<u>Finding</u>: In review of the staff records, it was determined that the medical statements for those employees listed on the Employee Record Chart did not include the required information listed below in number(s) 4.

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 4. Tuberculosis (TB) screening/test
- a. Documentation of the screening process to determine if the employee resided in a country identified by the World Health Organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment;
- b. Results of a TB test for employees meeting both criteria in 4a;
- c. Results of additional testing for employees with a positive TB test;
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/03/2021

## **Rules In-Compliance/Not Verified**

	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Meal and Snack	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Handwashing	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Fire Approval	Compliant	
	'	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Management of	Compliant	
Communicable Disease		
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	
Environment		
Ziivii Ciiii Ciii		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	bocumenting statement(s), it applicable
Qualifications	Compilant	
Qualifications		
Rule	Status	Decumenting Statement(s) If applicable
5101:2-12-08 Child Care Staff Member		Documenting Statement(s), If applicable
	Compliant	
Educational Requirements	<u> </u>	
2.1		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation - Driver	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Written Disaster Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable

5101:2-12-24 Swimming and Water	Compliant	
Safety Requirements		
Dula	Chahua	Decrease time (testament/s) If a militable
Rule 5101:2-12-04 Food License	Status Compliant	Documenting Statement(s), If applicable
3101.2-12-04 FOOd License	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Sanitary Equipment and	Compliant	
Environment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Fluid Milk Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Compliant	
Precautions		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Fall Zones	Compliant	bocamenting statement(3), it applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-22 Safe Food	Compliant	Bocamenting statement(s), it applicable
Handling/Storage		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Written Program	Compliant	
Policies and Procedures		
	C: .	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-21 Evening and Overnight	Compliant	
Care	l	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Indoor Space	Compliant	(e), appaa
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Emergency Drills	Compliant	

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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Materials and	Compliant	
Equipment		
2.1		2 (
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	Documenting Statement(s), if applicable
3101.2-12-17 Daily Outdool Flay	Compliant	
	L	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Building Approval	Compliant	3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
S PF		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Space	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-19 Supervision	Compliant	
Rule	Status	Documenting Statement(s) If applicable
5101:2-12-02 Current Information	Compliant	Documenting Statement(s), If applicable
3101.2-12-02 Current information	Compliant	
	L	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Schedule	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5101:2-12-20 Cots and Napping	Compliant	
	S: :	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-15 Child Medical and	Compliant	Documenting Statement: At the time of
Enrollment Records		the inspection, 25% of the children's
		records were reviewed, and the records
		were complete, as required by the rule.
Pulo	Chatus	Decumenting Statement/s) If a raileable
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Toothbrushing	Compliant	
Requirements		

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	bocumenting statement(s), if applicable
Jioi.2 12 12 3aic Equipment	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-15 Medical/Physical Care	Compliant	Decame and State
Plans		
Tidilo	<u> </u>	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Separation of Children	Compliant	bocumenting statement(s), if applicable
Under 2 1/2 Years	Compilant	
Officer 2 1/2 rears		
Rule	Status	Documenting Statement(s), If applicable
		Documenting Statement(s), if applicable
5101:2-12-08 Orientation and Staff	Compliant	
Records		
Dula	Chahara	December Chatagory (1) (C. 1)
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Health Training	Compliant	
Requirements		
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-10 Professional	Compliant	
Development Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Environment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation - Vehicle	Compliant	
Requirements		
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-14 Transportation and Field	Compliant	
Trip Procedures		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury	Compliant	
Reporting		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Medical, Dental, and	Compliant	
General Emergency Plan		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Attendance Records	Compliant	
5.1	A	
Rule	Status	Documenting Statement(s), If applicable

Compliant	
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Status	Documenting Statement(s), If applicable
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