

## **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      |  |
| LCCC CHILDREN'S LEARNING CENTER              | 000000303233        |                         | Child Care Center |  |
| Address<br>1005 N ABBE RD ELYRIA<br>OH 44035 |                     |                         | County LORAIN     |  |
| Building Approval Date 08/28/2002            | Use Group/Code      | Occupancy Limit         | Maximum Under 2 ½ |  |
| Fire Inspection Approval Date                | Food Service Risk L | Food Service Risk Level |                   |  |
| 08/14/2023                                   | Level II            |                         |                   |  |

| Inspection Information                  |                     |               |                   |                   |              |
|---|---------------------|---------------|-------------------|-------------------|--------------|
| Inspection Type                         |                     | Inspection So | cope              | Inspection Notice |              |
| Amendment - chang                       | ge of capacity      | Partial       |                   | Unannounced       |              |
| Inspection Date Begin Time 1 01/03/2024 |                     | 0:30 AM       | End Time 11:00 AM |                   |              |
| Reviewer:                               |                     |               |                   |                   |              |
| Brittani Aloi                           |                     |               |                   |                   |              |
| Summary of Findings                     |                     |               |                   |                   |              |
| No. Rules Verified                      | No. Rules with Non- | compliances   | No. Serious Risk  | No. Moderate Risk | No. Low Risk |
| 0                                       | 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                                     | 45               | 0         | 0          | 0     |  |
| Older Toddler   |                  | 0         | 0          | 0     |  |
| Preschool   |                  | 0         | 0          | 0     |  |
| School Age  |                  | 0         | 0          | 0     |  |
| Total Capacity/Enrollment                                 | 110              | 0         | 0          | 0     |  |

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

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



|   | Section 2 |
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## 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           | Documental gottes mention, mappingus in |
|                                      |                        |   |
| Rule                                 | Ctatus                 | Decumenting Statement(s) If anyther his |
|                                      | Status<br>Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection Requirements | Not verified           |   |
| Requirements                         |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department     | Not Verified           |   |
| Inspection                           |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection         | Not Verified           | Documenting Statement(s), it applicable |
| 3101.2-12-04 Fire hispection         | Not vermed             |   |
|                                      | _                      |   |
| 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  | Not Verified           | Documenting statement(3), it applicable |
| Suspension                           | 1400 VCIIIICA          |   |
| - Caspension                         |                        |   |

| Rule                                | Status              | Documenting Statement(s), If applicable     |
|-------------------------------------|---------------------|---|
| 5101:2-12-07 Administrator          | Not Verified        | 3 (" 11                                     |
| 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             |                     |   |
| D 1                                 | l c                 | D :: () ! ! !!                              |
| Rule                                | Status Not Verified | Documenting Statement(s), If applicable     |
| 5101:2-12-08 Medical Statement      | Not verified        |   |
|                                     | <u> </u>            |   |
| 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        |   |
| Requirements                        |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-10 Health Training        | Not Verified        |   |
| Requirements                        |                     |   |
| D. J.                               | Chabin              | Decree with a Chaham and a life and incline |
| Rule 5101:2-12-10 Professional      | Status Not Verified | Documenting Statement(s), If applicable     |
| Development Requirements            | Not verified        |   |
| Development Requirements            |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Indoor Space           | Not Verified        | Bootimenting Statement(s); if applicable    |
| Requirements                        |                     |   |
| <u>'</u>                            | 1                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable     |
| 5101:2-12-11 Separation of Children | Not Verified        |   |
| Under 2 1/2 Years                   |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable     |
| 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        |   |
|                                     | l .                 |   |
|                                     |                     |   |

| Deglinning:                           |              |  |
|---------------------------------------|--------------|--|
| 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 | 3 (7 11                                  |
|                                       |              |  |
|                                       | l.           |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment         | Not Verified | Bocamenting statement(s), it appreads    |
| J101.2-12-12 Sale Lilvironnient       | Not verified |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
|                                       | Not Verified | bocumenting statement(s), it 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 |  |
| Requirements                          |              |  |
|                                       | <del></del>  |  |
| 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 | bocumenting statement(s), it applicable  |
| 11                                    | Not verified |  |
| Requirements                          |              |  |
|                                       | 1.           |  |
| 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  |
| 5101:2-12-14 Transportation - Driver  | Not Verified |  |
| Requirements                          |              |  |
|                                       | ı            |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Vehicle | Not Verified | (-/) «pp«                                |
| Requirements                          |              |  |
| Requirements                          | 1            |  |
| Bula                                  | Ctatus       | Decumenting States and All If and lead I |
| 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  |
| 5101:2-12-15 Medical/Physical Care    | Not Verified |  |
| Plans                                 |              |  |
|                                       | 1            | 1  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| naic                                  | Julia        | bocamenting statement(3), it applicable  |

| F101-2-12-1C Madical Dantal and    | N - + \ /: £:l         |  |
|------------------------------------|------------------------|--|
| 5101:2-12-16 Medical, Dental, and  | Not Verified           |  |
| General Emergency Plan             |                        |  |
|                                    | 1                      |  |
| Rule                               | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Emergency Drills      | Not Verified           |  |
|                                    |                        |  |
|                                    |                        |  |
| 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           |  |
| Communicable Disease               |                        |  |
|                                    | •                      |  |
| Rule                               | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury       | Not Verified           |  |
| Reporting                          |                        |  |
| <u> </u>                           | 1                      |  |
| Rule                               | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Written Disaster Plan | Not Verified           | bootimenting statement(s), it applicable |
| 3101.2 12 10 WHILEH DISUSCE HAIT   | Not vermed             |  |
|                                    |                        |  |
| Rule                               | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Daily Schedule        | Not Verified           | bocamenting statement(s), it applicable  |
| 3101.2 12 17 Daily Schedule        | Not verified           |  |
|                                    |                        |  |
| Rule                               | Status                 | Documenting Statement(s), If applicable  |
| 5101:2-12-17 Materials and         | Not Verified           | bootimenting statement(s), in applicable |
| Equipment                          | Not vermed             |  |
| Ечириси                            |                        |  |
| Rule                               | Status                 | Documenting Statement(s), If applicable  |
|                                    | Not Verified           | Documenting statement(s), if applicable  |
| 5101:2-12-17 Daily Outdoor Play    | Not verified           |  |
|                                    |                        |  |
| Rule                               | Status                 | Documenting Statement(s), If applicable  |
|                                    | Not Verified           | Documenting statement(s), it applicable  |
| 5101:2-12-18 License Capacity      | Not verified           |  |
|                                    |                        |  |
| Rule                               | Status                 | Documenting Statement/s) If applicable   |
|                                    | Not Verified           | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Ratio                 | Not verified           |  |
|                                    |                        |  |
| Pula                               | Ctatus                 | Decumenting Statement(s) If applicable   |
| Rule                               | Status<br>Not Verified | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size            | Not Verified           |  |
|                                    |                        |  |
| Pula                               | Ctatus                 | Documenting Statement(s) If and itself   |
| Rule                               | Status<br>Not Verified | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records    | Not Verified           |  |

| Dula                                    | Chahua                 | Decrees this a Chatage ant/a) If a malicalla |
|---|------------------------|--|
| Rule                                    | Status  Not Verified   | 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           | Documenting statement(s), it applicable      |
| 3101.2-12-13 Cillia Galdance            | Not verified           |  |
|   |                        |  |
| Rule                                    | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-20 Cots and Napping           | Not Verified           | bocamenting statement(s), it applicable      |
| 3101.2 12 20 cots and Napping           | Not vermed             |  |
|   |                        |  |
| Rule                                    | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-20 Cribs                      | Not Verified           | ,  |
| 3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |                        |  |
|   | I .                    |  |
| Rule                                    | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-21 Evening and Overnight      | Not Verified           | 3  |
| Care                                    |                        |  |
|   |                        |  |
| Rule                                    | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-22 Meal and Snack             | Not Verified           | Bocamenting statement(5), it applicable      |
| Requirements                            | 1400 Vermed            |  |
| кединения                               |                        |  |
| Rule                                    | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-22 Fluid Milk Requirements    | Not Verified           | bocamenting statement(s), it applicable      |
| 3101.2 12 22 Haid Wilk Requirements     | Not vermed             |  |
|   | 1                      |  |
| Rule                                    | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-22 Safe Food                  | Not Verified           | , , , , , , , , , , , , , , , , , , ,        |
| Handling/Storage                        |                        |  |
|   | 1                      |  |
| Rule                                    | Status                 | Documenting Statement(s), If applicable      |
| 5101:2-12-23 Infant Daily Care          | Not Verified           | bootinenting statement(s), if applicable     |
| 5151.2 12 25 mant bany care             | .10t verified          |  |
|   | 1                      |  |
| 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           | Documenting statement(3), it applicable      |
|   | NOT VEHILLA            |  |
| Training                                |                        |  |
| Dulo                                    | Ctatus                 | Decumenting Statements of a selice by        |
| Rule                                    | Status<br>Not Verified | 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          |              |   |
|                         |              |   |

| Rule                                 | Status       | Documenting Statement(s), If applicable |
|--------------------------------------|--------------|---|
| 5101:2-12-08 Child Care Staff Member | Not Verified |   |
| Educational Requirements             |              |   |