

# **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            | nils            |                   |  |
|------------------------------------|-------------------------|-----------------|-------------------|--|
| Program Name                       | Program Number          |                 | Program Type      |  |
| Lorain Community Horizon Education | 2180018103              |                 | Child Care Center |  |
| Center                             |                         |                 |                   |  |
| Address                            |                         |                 | County            |  |
| 1110 West 4th Street Lorain        |                         |                 | LORAIN            |  |
| OH 44052                           |                         |                 |                   |  |
|                                    |                         |                 |                   |  |
|                                    |                         |                 |                   |  |
| Building Approval Date             | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 11/28/2012                         | E                       | 460             |                   |  |
| Fire Inspection Approval Date      | Food Service Risk Level |                 |                   |  |
| 08/23/2022                         | Level I                 |                 |                   |  |

|                     | Insp                           | ection Information |                   |              |
|---------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type     | Inspection Sc                  | оре                | Inspection Notice |              |
| Annual              | Full                           |                    | Unannounced       |              |
| Inspection Date     | Begin Time 9                   | :20 AM             | End Time 10:46 AM |              |
| 02/02/2023          |                                |                    |                   |              |
| Reviewer:           |                                |                    |                   |              |
| Brittani Aloi       |                                |                    |                   |              |
| Summary of Findings |                                |                    |                   |              |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 58                  | 1                              | 0                  | 0                 | 1            |

| 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   |                  | 9          | 3         | 12    |
| School Age  |                  | 0          | 49        | 49    |
| Total Capacity/Enrollment                                 | 97               | 9          | 52        | 61    |

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



| Preschool      | 3 years to < 4 years     | 1 to 8 |  |
|----------------|--------------------------|--------|--|
| Preschool      | 3 years to < 4 years     | 3 to 8 |  |
| School age 213 | School-Age to < 11 years | 0 to 0 |  |
| School age 214 | School-Age to < 11 years | 0 to 0 |  |

## **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**

#### **Domain: 06 Program Information**

Rule: 5101:2-12-14 Transportation and Field Trip Procedures

Code: The program is required to obtain written parental permission before leaving the premises.

<u>Finding</u>: During the inspection, it was determined that written parental permission was not secured for field trips and/or routine trips off the premises or out of the areas approved for child care, as required. 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.

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

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-12-02 License Posted        | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information   | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection            | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department   | Compliant |   |
| Inspection                         |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note:     |
|                                    |           | Documentation of a fire inspection      |
|                                    |           | without any uncorrected violations must |

|  |                     | be secured for the program. Secure a new fire inspection by 8/23/23. |
|--|---------------------|--|
| Rule   | Status              | Documenting Statement(s), If applicable                              |
| Rule: 5101:2-12-04 Food Service  | Compliant           | Documenting Statement: The food service                              |
| Requirements   |                     | license was observed posted. Following is                            |
| '  |                     | the audit number and date of expiration:                             |
|  |                     | CKNL-CC4JCJ. 3/1/23.   |
|  |                     |  |
| Rule: 5101:2-12-04 Food Service  | Compliant           | Documenting Statement: The off-site                                  |
| Requirements   |                     | food processing establishment's current                              |
|  |                     | Ohio Department of Agriculture                                       |
|  |                     | registration information was observed                                |
|  |                     | during the inspection.   |
|  | 1                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable                              |
| 5101:2-12-07 Administrator   | Compliant           |  |
| Qualifications   |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable                              |
| 5101:2-12-07 Administrator   | Compliant           | Documenting Statement(s), if applicable                              |
| Responsibilities/Requirements  | Compilant           |  |
| The state of the s |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable                              |
| 5101:2-12-07 Written Program   | Compliant           |  |
| Policies and Procedures  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable                              |
| 5101:2-12-08 Medical Statement   | Compliant           | boomenting statement(s); it approase                                 |
|  | '                   |  |
|  | Lau                 |  |
| Rule 5101:2-12-08 Child Care Staff Member  | Status<br>Compliant | Documenting Statement(s), If applicable                              |
| Educational Requirements   | Compilant           |  |
| <u> </u>   |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable                              |
| 5101:2-12-08 Orientation Training &  | Compliant           |  |
| Whistle Blower Protection  |                     |  |
|  | T -                 |  |
| Rule   | Status              | Documenting Statement(s), If applicable                              |
| 5101:2-12-09 Background Check  | Compliant           |  |
| Requirements   |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable                              |
| 5101:2-12-10 Health Training   | Compliant           | - 0 (" 11  |
| Requirements   |                     |  |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-10 Professional            | Compliant | <u> </u>                                |
| Development Requirements             |           |   |
| a sapara sapara                      | <u> </u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space            | Compliant | Documenting statement(s)) if applicable |
| Requirements                         | Compilant |   |
| Requirements                         | <u>l</u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space           | Compliant | Bocumenting Statement(s), if applicable |
| ·                                    | Compliant |   |
| Requirements                         | <u> </u>  |   |
| Dolla                                | Chahua    | D                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant |   |
|                                      |           |   |
| Pule                                 | Ctatus    | Decumenting Statement/s) If applicable  |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s) If applicable  |
|                                      |           | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment          | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment        | Compliant | Documenting Statement(s), if applicable |
| 3101.2-12-12 Sale Elivironinent      | Compliant |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and  | Compliant | Bocamenting statement(3), if applicable |
| Environment                          | Compilant |   |
| Liviloninent                         |           |   |
| Pule                                 | Ctatus    | Decumenting Statement(s) If applicable  |
| Rule: F101:2-12-13 Handwashing       | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Handwashing       | Compliant | Documenting Statement: Staff and        |
| Requirements                         |           | children were observed washing hands as |
|                                      |           | required by the rule.                   |
|                                      |           |   |
| D. I.                                |           | D C                                     |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free              | Compliant |   |
| Environment                          |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and       | Compliant |   |
| Enrollment Records                   |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |

| 5404 2 42 45 M II 1/01 : 1 0          |           |   |
|---------------------------------------|-----------|---|
| 5101:2-12-15 Medical/Physical Care    | Compliant |   |
| Plans                                 |           |   |
| Dulo                                  | Ctatus    | Decumenting States and I of a miles his |
| Rule  F101:2 12 16 Modical Dontal and | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and     | Compliant |   |
| General Emergency Plan                |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Emergency Drills   | Compliant | Documenting Statement: Documentation    |
| Rule. 3101.2-12-10 Efficigency Dfills | Compliant | for completed fire, weather, and        |
|                                       |           | emergency/lockdown drills was verified  |
|                                       |           | during this inspection.                 |
|                                       |           | during this inspection.                 |
|                                       | 1         | I                                       |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the       |
| Precautions                           | ,         | inspection, the program had complete    |
|                                       |           | first aid kits available as required.   |
|                                       |           | ·                                       |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of            | Compliant |   |
| Communicable Disease                  |           |   |
|                                       |           |   |
| 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 Written Disaster Plan    | Compliant |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement/s\ If applicable  |
| 5101:2-12-17 Daily Schedule           | Compliant | Documenting Statement(s), If applicable |
| JIOI.2-12-17 Daily Schedule           | Compnant  |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and            | Compliant |   |
| Equipment                             | ,         |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play       | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity         | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |

| Status<br>Compliant |  |
|---------------------|--|
| Compliant           | Documenting Statement(s), If applicable  |
| Compliant           |  |
| Status              | Documenting Statement(s), If applicable  |
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| Status              | Documenting Statement(s), If applicable  |
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