

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 | | | |
| Wittle Town | 2200021997 | | Child Care Center | | | |
| | | | | | | |
| Address | | | County | | | |
| 5046 Broadway Ave Lorain | | | LORAIN | | | |
| OH 44052 | | | | | | |
| | | | | | | |
| | | | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | | | |
| 04/19/2022 | | 264 | | | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | | | |
| 05/09/2022 | Level III | | | | | |

| Inspection Information | | | | | |
|----------------------------|--------------------|---------------|------------------|-------------------|--------------|
| Inspection Type | | Inspection So | cope | Inspection Notice | |
| Amendment - chan | ge of capacity | Partial | | Unannounced | |
| Inspection Date 12/13/2022 | | Begin Time 1 | :00 PM | End Time 1:45 PM | |
| Reviewer: Akeea Nelson | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Nor | -compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 10 | 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 | | 2 | 0 | 2 |
| Total Under 2 ½ Years | 14 | 2 | 0 | 2 |
| Older Toddler | | 9 | 0 | 9 |
| Preschool | | 23 | 19 | 42 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 135 | 32 | 19 | 53 |

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



Department of Education Department of Job and Family Services

| Toddlers | 18 months to < 30 months | 1 to 5 | Arrival Ratio |
|-------------|--------------------------|--------|--------------------|
| Preschool 1 | 3 years to < 4 years | 1 to 4 | Arrival Ratio |
| Pre-K | 4 years to < 5 years | 1 to 5 | Arrival Ratio |
| Preschool 2 | 3 years to < 4 years | 0 to 0 | Arrival Ratio- Not |
| | | | in session during |
| | | | insection. |

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

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

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 |
| 5101:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: On the day of |
| Department Inspection | | the inspection, the program was |
| | | operating in compliance with the current |
| | | building approval(s). |
| | | |
| | | |
| 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 5/9/23. |
|--------------------------------------|--------------|---|
| 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: |
| | | CGRC-CDWJE7 3/1/23. |
| 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 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |
| 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 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | booundenting outcoment(o), in applicable |



| 5101:2-12-11 Indoor Space Requirements | Not Verified | |
|---|--------------|---|
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| 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 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
| | | |
| | | |
| 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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Not Verified | |
| S101.2-12-12 Sale Environment | Not vermed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Not Verified | |
| Environment | | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | |
| Requirements | | |
| · · | 1 | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Not Verified | |
| Environment | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | |
| Requirements | | |
| · · · | | |
| 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 |
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| 5101:2-12-14 Transportation - Driver | Not Verified | |
|--|--|--|
| Requirements | | |
| I I | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| 5101:2-12-14 Transportation - Vehicle | Not Verified | |
| Requirements | | |
| | | |
| 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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| | | |
| and General Emergency Plan | | the inspection, the complete prescribed |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | |
| STOTIZ TZ TO Emergency Brins | Not vermed | |
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| Pulo | Status | Documenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Status Compliant | Documenting Statement: During the |
| | | Documenting Statement: During the inspection, the program had complete |
| Rule: 5101:2-12-16 First Aid/Standard | | Documenting Statement: During the |
| Rule: 5101:2-12-16 First Aid/Standard | | Documenting Statement: During the inspection, the program had complete |
| Rule: 5101:2-12-16 First Aid/Standard | | Documenting Statement: During the inspection, the program had complete |
| Rule: 5101:2-12-16 First Aid/Standard | | Documenting Statement: During the inspection, the program had complete |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule | Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of | Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule | Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease | Compliant Status Not Verified | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease Rule | Compliant Status Not Verified Status | Documenting Statement: During the inspection, the program had complete first aid kits available as required. |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease | Compliant Status Not Verified | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease Rule | Compliant Status Not Verified Status | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease Rule 5101:2-12-16 Incident/Injury | Compliant Status Not Verified Status | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease Rule 5101:2-12-16 Incident/Injury Reporting | Compliant Status Not Verified Status Not Verified | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease Rule 5101:2-12-16 Incident/Injury Reporting Rule | Compliant Status Not Verified Status Not Verified Status Status Status | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease Rule 5101:2-12-16 Incident/Injury Reporting | Compliant Status Not Verified Status Not Verified | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease Rule 5101:2-12-16 Incident/Injury Reporting Rule | Compliant Status Not Verified Status Not Verified Status Status Status | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease Rule 5101:2-12-16 Incident/Injury Reporting Rule 5101:2-12-16 Written Disaster Plan | Compliant Status Not Verified Status Not Verified Status Not Verified Status Not Verified | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease Rule 5101:2-12-16 Incident/Injury Reporting Rule 5101:2-12-16 Written Disaster Plan Rule | Compliant Status Not Verified Status Not Verified Status Not Verified Status Status | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease Rule 5101:2-12-16 Incident/Injury Reporting Rule 5101:2-12-16 Written Disaster Plan | Compliant Status Not Verified Status Not Verified Status Not Verified Status Not Verified | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard Precautions Rule 5101:2-12-16 Management of Communicable Disease Rule 5101:2-12-16 Incident/Injury Reporting Rule 5101:2-12-16 Written Disaster Plan Rule Rule | Compliant Status Not Verified Status Not Verified Status Not Verified Status Status | Documenting Statement: During the inspection, the program had complete first aid kits available as required. Documenting Statement(s), If applicable |



| Rule | Status | Documenting Statement(s), If applicable |
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| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: During the |
| | | inspection, enough Child Care Staff |
| | | Members were employed to meet the |
| | | staff/child ratios. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Attendance | Compliant | Documenting Statement: During the |
| Records | compliant | inspection, attendance records were |
| Records | | reviewed. Child Care Staff Members were |
| | | |
| | | viewed recording the attendance for each |
| | | child upon arrival and departure. All |
| | | attendance records met the requirement |
| | | of the rule and were kept with the group |
| | | at all times. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Not Verified | |
| 5101.2-12-15 Supervision | Not vermed | |
| 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 |
| | | |



Department of Education Department of Job and Family Services

| 5101:2-12-20 Cribs | Not Verified | |
|--------------------------------------|--------------|---|
| 5101.2-12-20 CHbs | Not vermeu | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Not Verified | |
| Care | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | |
| Requirements | | |
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| Rule | Status | 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 | | |
| | | |
| 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 | | |
| | | |
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