

# **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 Details                    |                     |                 |     |                   |
|------------------------------------|---------------------|-----------------|-----|-------------------|
| Program Name                       | Program Number      |                 | Pro | ogram Type        |
| Mini Miracles III Learning Academy | 2220026788          |                 | Chi | ild Care Center   |
|                                    |                     |                 |     |                   |
| Address                            |                     |                 | Co  | unty              |
| 27701 Euclid Ave Euclid            |                     |                 | CU  | YAHOGA            |
| OH 44132                           |                     |                 |     |                   |
|                                    |                     |                 |     |                   |
|                                    |                     |                 |     |                   |
| Building Approval Date             | Use Group/Code      | Occupancy Limit |     | Maximum Under 2 ½ |
|                                    |                     |                 |     |                   |
| Fire Inspection Approval Date      | Food Service Risk L | evel            |     |                   |
|                                    |                     |                 |     |                   |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection Sc                  | cope             | Inspection Notice |              |
| Pre-license                | Full                           |                  | Unannounced       |              |
| Inspection Date 08/18/2022 | Begin Time 1                   | 1:30 AM          | End Time 1:15 PM  |              |
| Inspection Date 08/25/2022 | Begin Time 2                   | :00 PM           | End Time 2:52 PM  |              |
| Reviewer:<br>RENADA FITCH  |                                |                  |                   |              |
| Reviewer:                  |                                |                  |                   |              |
| RENADA FITCH               |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 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                                     |                  | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |



| Total Capacity/Enrollment000 |
|------------------------------|
|------------------------------|

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

**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-C | Comp | liances |
|---------|------|-------|------|---------|
|         |      |       |      |         |

No Serious Risk Non-Compliances were observed during this inspection

### Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection



#### 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 |
|----------------------------------|-----------|---|
| 5101:2-12-04 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        | Compliant |   |
| Requirements                     | -20       |   |
|                                  |           |   |
| 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 |   |
| Responsibilities/Requirements    |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program     | Compliant |   |
| Policies and Procedures          |           |   |



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|--------------------------------------|-----------|---|
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant |   |
| Educational Requirements             |           |   |
| Educational Requirements             |           |   |
| 0.1                                  | <b>C</b>  |   |
| 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 |   |
| Requirements                         |           |   |
| Requirements                         |           |   |
| Dula                                 | Chatura   |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space            | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children  | Compliant |   |
| Under 2 1/2 Years                    |           |   |
|                                      | L         |   |
|                                      | <b>C</b>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space           | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment  | Compliant | · · · · · · · · · · · · · · · ·         |
|                                      |           |   |
| <u></u>                              | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | booundening statement(s), it applicable |
|                                      |           |   |
|                                      | 1         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free              | Compliant |   |
| Environment                          |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and    | Compliant |   |
| General Emergency Plan               |           |   |
|                                      | 1         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard      | Compliant |   |
| Precautions                          |           |   |
|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           |   |



| 5101:2-12-16 Management of          | Compliant |   |
|-------------------------------------|-----------|---|
| Communicable Disease                |           |   |
|                                     |           |   |
| 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 |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and          | Compliant | bocumenting statement(s), in applicable |
| Equipment                           | Compilant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play     | Compliant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 License Capacity | Compliant | Documenting Statement: The program      |
|                                     |           | was seeking initial licensure. The      |
|                                     |           | program requested to serve a total      |
|                                     |           | capacity of 74 children; of this, 26    |
|                                     |           | children may be under two and one-half  |
|                                     |           | years of age.                           |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs                  | Compliant |   |
|                                     |           |   |
|                                     | - ti      |   |
|                                     |           |   |