

# **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          |                 | Program Type      |  |
| CREATIVE TOTS                 | 00000207419             |                 | Child Care Center |  |
|                               |                         |                 |                   |  |
| Address                       |                         |                 | County            |  |
| 7803 LAUREL AVENUE CINCINNATI |                         |                 | HAMILTON          |  |
| OH 45243                      |                         |                 |                   |  |
|                               |                         |                 |                   |  |
|                               |                         |                 |                   |  |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
|                               |                         |                 |                   |  |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |  |
| 04/12/2021                    | Level II                |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection S                   | соре             | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time 1                   | L2:30 PM         | End Time 1:55 PM  |              |
| 10/06/2021             |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| KIM SUERMANN           |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57                     | 3                              | 0                | 0                 | 3            |

| 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          | 18        | 18    |
| Total Under 2 ½ Years                                     | 26               | 0          | 18        | 18    |
| Older Toddler   |                  | 0          | 18        | 18    |
| Preschool   |                  | 0          | 47        | 47    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 57               | 0          | 65        | 83    |

| Staff-Child Ratios at the Time of Inspection |                      |                |                 |
|--|----------------------|----------------|-----------------|
| Group  | Age Group/Range      | Ratio Observed | Comment         |
| Pre K prep                                   | 4 years to < 5 years | 3 to 17        | Afternoon class |



#### **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

#### Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

#### Low Risk Non-Compliances

## Domain: 08 Staff Files

Rule: 5101:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have staff complete the required one hour prescribed Child Abuse training.



<u>Finding</u>: In review of the staff records, it was determined that the requirement for the ODJFS one-hour prescribed Child Abuse Training was not met as noted in number(s) 1 below:

1. The training was not completed within sixty days of hire;

- 2. The training expired, as it is only valid for two years;
- 3. Not all administrators, Child Care Staff Members, and substitutes have completed the training.

Refer to the Employee Record Chart for the name(s) of the Child Care Staff Member(s) who must complete the ODJFS one-hour prescribed Child Abuse Training. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/13/2021

## 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) 3, 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: 11/13/2021



#### **Domain: 08 Staff Files**

<u>Rule</u>: 5101:2-12-10 Professional Development Requirements <u>Code</u>: The program staff is required to obtain at least 6 hours of professional development annually.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

1. The child care staff member(s) had not completed at least 6 hours of professional development.

2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

3. Training topic did not meet the requirements listed in appendix A of this rule.

4. Documentation of training did not meet the requirements of this rule.

5. Other [ ].

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/13/2021

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

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-12-22 Meal and Snack      | Compliant |   |
| Requirements                     |           |   |
|                                  |           |   |
| Rule                             | 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.                   |
|                                  |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Fire Approval | Compliant | Documenting Statement: Please Note: An  |
|                                  |           | annual fire inspection approval must be |



|                     | secured for the program. Secure a new approval by 4/12/22.   |
|---------------------|--|
| Status              | Documenting Statement(s), If applicable  |
| Compliant           |  |
| Status              | Decumenting Statement(c) If emplicable   |
|                     | Documenting Statement(s), If applicable<br>Documenting Statement: A notice was   |
| Compliant           | observed posted stating that smoking is prohibited at the program.   |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           |  |
|                     |  |
| Compliant           | Documenting Statement(s), If applicableDocumenting Statement: All Child CareStaff Members had verification ofeducational requirements on file at theprogram.   |
|                     |  |
|                     | Documenting Statement(s), If applicable  |
| Compliant           | Documenting Statement: The program's<br>written disaster plan was reviewed during<br>the inspection and met the requirements.  |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           | Documenting Statement(s), if applicable<br>Documenting Statement: The food service<br>license was observed posted. Following is<br>the audit number and date of expiration:<br>#DCOU BYQMLP, exp 3/1/22. |
| Status              | Documenting Statement(s), If applicable  |
| Compliant           | Documenting Statement(s), if applicable<br>Documenting Statement: During the<br>inspection, the equipment was observed<br>clean and in good repair.  |
|                     |  |
| Status              | Documenting Statement(s) If applicable   |
| Status<br>Compliant | Documenting Statement(s), If applicable  |
|                     | Documenting Statement(s), If applicable Documenting Statement(s), If applicable  |
|                     | Status<br>Compliant<br>Status<br>Compliant<br>Status<br>Compliant<br>Status<br>Compliant<br>Status<br>Compliant<br>Status<br>Compliant   |



| Rule                                  | Status    | Documenting Statement(s), If applicable   |
|---------------------------------------|-----------|---|
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the         |
| Precautions                           | compliant | inspection, a first aid kits was reviewed |
| Frecautions                           |           |   |
|                                       |           | and available as required.                |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play Fall  | Compliant | Documenting Statement: The protective     |
| Zones                                 |           | material used under outdoor equipment     |
|                                       |           | was mulch.                                |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-18 License Capacity         | Compliant |   |
|                                       |           |   |
| Pula                                  | Status    | Documenting Statement(a) If applicable    |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-22 Safe Food          | Compliant | Documenting Statement: Food was stored    |
| Handling/Storage                      |           | in a safe and sanitary manner. Children   |
|                                       |           | who stay for lunch enrichment provide     |
|                                       |           | their own packed lunch.                   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-07 Written Program    | Compliant | Documenting Statement: No changes         |
| Policies and Procedures               |           | have been made to the written policies    |
|                                       |           | and procedures since it was last approved |
|                                       |           | by this Department.                       |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Indoor Space             | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-16 Emergency Drills   | Compliant | Documenting Statement: Documentation      |
|                                       |           | for completed fire, weather, and          |
|                                       |           | emergency/lockdown drills was verified    |
|                                       |           | during this inspection.                   |
| Rule: 5101:2-12-16 Emergency Drills   | Compliant | Documenting Statement: During the         |
| Noie. STOTIZ TZ-TO EIHEIBEIICY DIIIS  | Compilant |   |
|                                       |           | inspection, the requirements of the rule  |
|                                       |           | regarding emergency drills were           |
|                                       |           | discussed.                                |
|                                       |           |   |
|                                       |           |   |



| Rule: 5101:2-12-17 Materials and Equipment   | Compliant           | Documenting Statement: Sufficient equipment was observed in all categories.   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-11 Outdoor Play<br>Equipment | Compliant           | Documenting Statement(s), in applicable<br>Documenting Statement: Outdoor<br>equipment was viewed to be safe and<br>free of rust, sharp points, and other<br>hazards. |
|  |                     |   |
| Rule<br>5101:2-12-17 Daily Outdoor Play      | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-04 Building Approval               | Compliant           |   |
|  | -                   |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-02 License Posted            | Compliant           | Documenting Statement: The license was posted in a visible location as required.  |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-12-11 Outdoor Space<br>Requirements   | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-19 Supervision               | Compliant           | Documenting Statement: Child Care Staff<br>Members were supervising the children<br>and were able to intervene as needed.   |
| Rule: 5101:2-12-19 Supervision               | Compliant           | Documenting Statement: During the inspection, child care staff were observed assisting children throughout the day.   |
|  |                     |   |
| Rule<br>5101:2-12-02 Current Information     | Status<br>Compliant | Documenting Statement(s), If applicable   |
|  |                     |   |
| Rule<br>Rule: 5101:2-12-17 Daily Schedule    | Status<br>Compliant | Documenting Statement(s), If applicable<br>Documenting Statement: The following   |
| Rule: 5101:2-12-17 Daily Schedule            | Compliant           | activities were observed: large group for<br>Pre K prep class.  |
| Rule: 5101:2-12-17 Daily Schedule            | Compliant           | Documenting Statement: Daily schedules were observed posted.  |



| Rule  | Status    | Documenting Statement(s), If applicable  |
|---|-----------|--|
| Rule: 5101:2-12-15 Child Medical and        | Compliant | Documenting Statement(s), if applicable<br>Documenting Statement: At the time of |
| Enrollment Records                          | Compliant | the inspection, 25% of the children's  |
| Enrollment Records                          |           |  |
|   |           | records were reviewed, and the records   |
|   |           | were complete, as required by the rule.  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-12 Safe Equipment           | Compliant | Documenting Statement: Equipment was   |
|   |           | observed to be in good condition.  |
| Dula  | Status    |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care<br>Plans | Compliant |  |
|   | - I       |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children         | Compliant |  |
| Under 2 1/2 Years                           | <u> </u>  |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-08 Orientation and          | Compliant | Documenting Statement: On the day of   |
| Staff Records                               |           | the inspection, all employee files were  |
|   |           | complete and up to date.   |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-12 Safe Environment         | Compliant | Documenting Statement: A safe  |
|   |           | environment was observed during the  |
|   |           | inspection. Children were protected from   |
|   |           | items and conditions which threaten their  |
|   |           | health, safety and well-being.   |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury                | Compliant |  |
| Reporting                                   |           |  |
| 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.   |
|   |           | posteu in the program as required.   |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-18 Attendance               | Compliant | Documenting Statement: Child Care Staff  |
| Records                                     |           | Members were observed recording the  |



| attendance for each child upon arrival<br>and documenting each child's departure. |
|---|
|   |

| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|---|
| 5101:2-12-18 Group Size | Compliant |   |

| Rule                     | Status    | Documenting Statement(s), If applicable   |
|--------------------------|-----------|---|
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A<br>"Staff/Child Ratios, Age Grouping and<br>Maximum Group Size" was posted in a<br>noticeable area at the program as<br>required. |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance.  |

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-12-23 Diapering and Toilet | Compliant |   |
| Training                          |           |   |

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-12-25 Medication             | Compliant |   |
| Administration and Food Supplements |           |   |

| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|--|
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the  |
| Requirements                        |           | inspection, the required documentation regarding background checks was on file for all employees listed. |

| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|---|
| 5101:2-12-03 Inspection | Compliant |   |
| Requirements            |           |   |

| Rule                          | Status    | Documenting Statement(s), If applicable |
|-------------------------------|-----------|---|
| 5101:2-12-07 Administrator    | Compliant |   |
| Responsibilities/Requirements |           |   |