

## **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      |  |
| DIRECTED CREATIVE PLAY INC    | 000000200314            |                 | Child Care Center |  |
|                               |                         |                 |                   |  |
| Address                       | 1,00                    |                 | County            |  |
| 3682 W FORK RD CINCINNATI     |                         |                 | HAMILTON          |  |
| ОН                            |                         |                 |                   |  |
| 45247                         |                         |                 |                   |  |
|                               |                         |                 |                   |  |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 09/01/2010                    | E                       | 49              | 0                 |  |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |  |
| 08/14/2024                    | Level II                |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Annual                 | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 02/20/2025             | 9:15 AM                        | 9:15 AM          |                   |              |
| Reviewer:              |                                |                  |                   |              |
| Nicole Vadnais         |                                |                  |                   |              |
| 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   |                  | 64         | 0         | 64    |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 90               | 64         | 0         | 64    |

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



| Melissa T/Th | 3 years to < 4 years | 2 to 13 | #1 & #2 |
|--------------|----------------------|---------|---------|
| Emily PK     | 3 years to < 4 years | 2 to 16 | #1 & #2 |

## **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   |  |  |
| The state was the state of the |  |  |
| No Moderate Risk Non-Compliances were observed during this inspection   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| •   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Low Risk Non-Compliances  |  |  |
|   |  |  |



## Domain: 09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child

Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in numbers 4 and 15 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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 |
|------------------------------------|-----------|---|
| 5180:2-12-16 Written Disaster Plan | Compliant |   |



| Rule                                 | Status        | Documenting Statement(s), If applicable  |
|--------------------------------------|---------------|--|
| Rule: 5180:2-12-02 License Posted    | Compliant     | Documenting Statement: The license was   |
| , a.c. 515512 12 52 Election 1 offer | - Compilation | in a location visible to parents as      |
|                                      |               | required.                                |
|                                      |               | required.                                |
|                                      | I.            |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5180:2-12-04 Building Department     | Compliant     | becamening statement(s), it approaches   |
| Inspection                           | Compilant     |  |
| тэрссион                             | 1             | <u></u>                                  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5180:2-12-02 Current Information     | Compliant     |  |
|                                      | Somphane      |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5180:2-12-03 Inspection              | Compliant     |  |
| Requirements                         | -             |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5180:2-12-04 Fire Inspection         | Compliant     |  |
|                                      | _             |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-04 Food Service      | Compliant     | Documenting Statement: Written           |
| Requirements                         |               | permission to operate under the food     |
| ~                                    |               | service license of another entity at the |
|                                      |               | same location was observed.              |
|                                      |               |  |
|                                      | 1             |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-07 Administrator     | Compliant     | Documenting Statement: The               |
| Qualifications                       |               | administrator has completed the rules    |
|                                      |               | review course.                           |
|                                      |               |  |
| 5.6                                  |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator           | Compliant     |  |
| Responsibilities/Requirements        | 1             |  |
| D. F.                                | Chahua        | December 5th - State - 1/2 If            |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Written Program         | Compliant     |  |
| Policies and Procedures              | <u> </u>      |  |
| Doile                                | Chahair       | Description Chairman (1) If              |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-08 Medical Statement | Compliant     | Documenting Statement: All employees     |
|                                      |               | had current medical statements on file.  |
|                                      | 1             |  |
| Dula                                 | Chatus        | Decumenting Statement A If and Sala      |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |



| Rule   | Status    | Documenting Statement(s), If applicable   |
|--|-----------|---|
|  |           |   |
| Requirements   |           | playground inspections were completed and documented, as required.              |
| Rule: 5180:2-12-11 Outdoor Space                                       | Compliant | Documenting Statement: The quarterly  |
| Rule   | Status    | Documenting Statement(s), If applicable   |
| Requirements   | 1         |   |
| 5180:2-12-11 Indoor Space  | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
|  |           |   |
|  |           | amount of professional development training.                                    |
| Development Requirements   |           | the inspection, all child care staff members had completed the required         |
| Rule: 5180:2-12-10 Professional  | Compliant | Documenting Statement: At the time of   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
|  |           |   |
|  |           | and readily accessible during all hours of operation.                           |
|  |           | CPR, and Child Abuse Prevention present   |
|  |           | with currently valid training in First Aid, Management of Communicable Disease, |
| Requirements   |           | had at least one Child Care Staff Member  |
| Rule: 5180:2-12-10 Health Training                                     | Compliant | Documenting Statement: The program  |
| Rule   | Status    | Documenting Statement(s), If applicable   |
|  |           |   |
|  |           | Tor all employees listed.   |
|  |           | regarding background checks was on file for all employees listed.               |
| Requirements   |           | inspection, the required documentation  |
| Rule: 5180:2-12-09 Background Check                                    | Compliant | Documenting Statement: During the   |
| Rule   | Status    | Documenting Statement(s), If applicable   |
|  | 1         |   |
|  |           | requirements.   |
|  |           | members had met orientation training  |
| Training & Whistle Blower Protection                                   |           | the inspection, all child care staff  |
| Rule: 5180:2-12-08 Orientation   | Compliant | Documenting Statement: On the day of  |
| Rule   | Status    | Documenting Statement(s), If applicable   |
|  |           |   |
|  |           | program.  |
|  |           | educational requirements on file at the   |
| Member Educational Requirements  |           | Staff Members had verification of   |
| Rule: 5180:2-12-08 Child Care Staff<br>Member Educational Requirements | Compliant | Documenting Statement: All Child Care Staff Members had verification of         |



| 5190-2 12 12 Cafa Equipment          | Compliant     |   |
|--------------------------------------|---------------|---|
| 5180:2-12-12 Safe Equipment          | Compliant     |   |
|                                      | 27            |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-11 Outdoor Play      | Compliant     | Documenting Statement: The outdoor        |
| Equipment                            | - Compilation | play space and equipment were not         |
| - Equipment                          |               | viewed during this inspection due to snow |
|                                      |               | covering; however, the requirements       |
|                                      |               | were discussed.                           |
|                                      |               | were discussed.                           |
|                                      | <u>,</u>      | <u> </u>                                  |
| Rule                                 | Status        | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-11 Outdoor Play Fall | Compliant     | Documenting Statement: The protective     |
| Zones                                |               | surfaces under the outdoor equipment      |
|                                      |               | were not viewed during this inspection    |
|                                      |               | due to snow covering; however, the        |
|                                      |               | requirements were discussed.              |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statements   If and inchin    |
| 5180:2-12-12 Safe Environment        | Status        | Documenting Statement(s), If applicable   |
| 5180:2-12-12 Safe Environment        | Compliant     |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-13 Sanitary          | Compliant     | Documenting Statement: During the         |
| Equipment and Environment            |               | inspection, the equipment was observed    |
|                                      |               | clean and in good repair.                 |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable   |
| 5180:2-12-13 Handwashing             | Compliant     | 0 (7)                                     |
| Requirements                         |               |   |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-13 Smoke Free        | Compliant     | Documenting Statement: A notice was       |
| Environment                          |               | observed posted stating that smoking is   |
|                                      |               | prohibited at the program.                |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-15 Medical/Physical  | Compliant     | Documenting Statement: The program        |
| Care Plans                           | Johnshalle    | had current information on the medical    |
| Cai C 7 Iai is                       |               | status and the required treatment plan    |
|                                      |               | for the children with health conditions.  |
|                                      |               | Tor the children with health conditions.  |
|                                      |               |   |
| Rule                                 | Status        | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-16 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.      |
|                                     |           |   |
| Rule                                | Status    | Designation Chatamant/s) If and inclin  |
|                                     |           | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation    |
|                                     |           | for completed fire, weather, and        |
|                                     |           | emergency/lockdown drills was verified  |
|                                     |           | during this inspection.                 |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard     | Compliant |   |
| Precautions                         |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of          | Compliant |   |
| Communicable Disease                | Compilant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury        | Compliant |   |
| Reporting                           |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and          | Compliant |   |
| Equipment                           |           |   |
| Rule                                | Status    | Desumenting Statement/s) If applicable  |
|                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule         | Compliant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records     | Compliant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size             | Compliant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play     | Compliant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity       | Compliant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |



| Rule: 5180:2-12-18 Ratio                    | Compliant | Documenting Statement: The Appendix A "Staff/Child Ratios, Age Grouping and Maximum Group Size" was posted in a noticeable area at the program as required. |
|---|-----------|---|
| Rule: 5180:2-12-18 Ratio                    | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance.  |
| Della                                       | Charles   | D   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-20 Cots and Napping               | Compliant |   |
|   | C         |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-19 Supervision                    | Compliant |   |
| Pode  | Chahara   | Decomposition Charles and (a) If a multiple   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-19 Child Guidance                 | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-22 Meal and Snack<br>Requirements | Compliant |   |
| I was a second                              | ļ.        |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-22 Safe Food                      | Compliant |   |
| Handling/Storage                            |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-22 Fluid Milk Requirements        | Compliant | ( // // // // // // // // // // // // //  |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable   |
| 5180:2-12-25 Medication                     | Compliant |   |
| Administration                              |           |   |
|   |           |   |
|   |           |   |