

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 <u>http://jfs.ohio.gov/CDC/childcare.stm</u>. 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 BEGINNINGS LEARNING CENTER | 00000200391 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 6025 Dixie highway Fairfield | | | BUTLER | |
| OH 45014 | | | | |
| | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| | | | | |
| Fire Inspection Approval Date | Food Service Risk L | evel | | |
| 01/04/2021 | Exempt | | | |

| Inspection Information | | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date 10/05/2021 | Begin Time 1 | 0:30 AM | End Time 2:20 PM | | |
| Reviewer: BRENDA MEYER | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 57 | 2 | 0 | 0 | 2 | |

| 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) | | 5 | 0 | 5 |
| Young Toddler | | 2 | 0 | 2 |
| Total Under 2 ½ Years | 38 | 7 | 0 | 7 |
| Older Toddler | | 3 | 0 | 3 |
| Preschool | | 11 | 0 | 11 |
| School Age | | 0 | 4 | 4 |
| Total Capacity/Enrollment | 93 | 14 | 4 | 25 |

| Staff-Child Ratios at the Time of Inspection | | | |
|----------------------------------------------|--|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| Infants | | 2 to 6 | |



| Infants | 2 to 6 | |
|-----------|--------|--|
| Toddlers | 1 to 4 | |
| Toddlers | 1 to 4 | |
| Preschool | 1 to 7 | |
| Preschool | 1 to 7 | |

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-O3 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: 04 Indoor/Outdoor Space

<u>Rule</u>: 5101:2-12-11 Outdoor Space Requirements <u>Code</u>: The program is required to conduct and document quarterly inspections of their outdoor play space.

<u>Finding</u>: During the inspection, it was determined that quarterly inspections (missing 3rd quarter 2021) of one or more outdoor play area(s) and equipment had not been completed and documented as required, using the JFS 01281 "Child Care Playground Inspection Report" form. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/04/2021

Domain: 08 Staff Files

<u>Rule</u>: 5101:2-12-08 Orientation and Staff Records <u>Code</u>: The program is required to have staff complete the online staff orientation training.

<u>Finding</u>: In review of the staff records, it was determined that child care staff member(s) had not completed the online orientation training as noted in number 1 below:

1. Within 30 days of starting employment at the program as a child care staff member.

2. No documentation of completing the training after December 31, 2016.

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

Corrective Action Plan Due: 11/04/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|-----------------------------------------|
| Rule: 5101:2-12-22 Meal and Snack | Compliant | Documenting Statement: The menu was |
| Requirements | | posted in the lobby. |



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|--------------------------------------|---------------------|-----------------------------------------------------------------------------|
| Dula | Status | Decumenting Statement(c) If applicable |
| Rule: 5101:2-12-13 Handwashing | Status Compliant | Documenting Statement(s), If applicable Documenting Statement: Staff and |
| Rule: 5101:2-12-13 Handwashing | Compliant | children were observed washing hands as |
| Requirements | | |
| | | required by the rule. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Approval | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Compliant | |
| Communicable Disease | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | Compliant | |
| Qualifications | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Compliant | |
| Educational Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Food License | Compliant | Documenting Statement: The caterer's |
| | | food service license information was |
| | | observed during the inspection. Dept of |
| | | Agriculture ID # 3100974 |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: On the day of |
| Equipment and Environment | | the inspection, the program provided a |
| I | | clean environment in accordance with |
| 1 | | Appendix A of this rule, which included |
| 1 | | the furniture, materials and equipment. |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
| 1 | | 1 |



| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|-----------------------------------------|
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
| 5101.2-12-22 Fluid Wilk Requirements | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | | |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | bocumenting statement(s), it applicable |
| Handling/Storage | compliant | |
| Thanking/Storage | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 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 | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| Rule | Status | Documenting Statement(c) If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement(s), If applicable |
| | Compliant | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: Outdoor play |
| , , , | | was observed for the toddler and |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|---------------------|-----------------------------------------|
| 5101:2-12-04 Building Approval | Compliant | |
| | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 License Posted | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-23 Infant Bottle and | Compliant | Documenting Statement: All bottles were |
| Food Preparation | | labeled as required. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | |
| S101.2-12-17 Daily Schedule | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement(s), if applicable |
| 5101.2-12-20 Cots and Napping | Compliant | |
| | | |
| Pulo | Status | Documenting Statement(s), If applicable |
| Rule | | |
| Rule: 5101:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate |
| | | daily written records for infants were |
| | | viewed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | | the inspection, 25% of the children's |
| | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
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| L | | |
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| Rule | Status | Documenting Statement(s). If applicable |
| Rule 5101:2-12-12 Safe Equipment | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-12-12 Safe Equipment | Status Compliant | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |
| 5101:2-12-12 Safe Equipment Rule | Compliant Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Compliant | |



| regarding caring for children with a specific health condition were discussed. |
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| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------|-----------|--------------------------------------------------------------------------------|
| Rule: 5101:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were labeled with the assigned infant's name. |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|-----------------------------------------|
| 5101:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |

| Documenting Statement: The program had at least one Child Care Staff Member |
|--------------------------------------------------------------------------------|
| had at least one Child Care Staff Member |
| |
| with currently valid training in First Aid, |
| Management of Communicable Disease, |
| CPR, and Child Abuse Prevention present |
| and readily accessible during all hours of |
| operation. |
| |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------|-----------|---------------------------------------------|
| Rule: 5101:2-12-10 Professional | Compliant | Documenting Statement: At the time of |
| Development Requirements | | the inspection, all staff had completed the |
| | | required amount of professional |
| | | development training. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-12 Safe Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|------------------------------------------|
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: During the |
| Vehicle Requirements | | inspection, the requirements of the rule |
| | | regarding vehicles used for transporting |
| | | children were discussed. The program |
| | | reported that they are not currently |
| | | providing transportation. |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|---------------------|-----------------------------------------|
| 5101:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-16 Incident/Injury | Status Compliant | Documenting Statement(s), If applicable |



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|-------------------------------------|---------------------|-----------------------------------------|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | | |
| Rule | Ctatus | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Status Compliant | |
| 5101.2-12-18 Group Size | Compliant | |
| | 1 | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| | | |
| | 1 | |
| 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 |
| 5101:2-12-09 Background Check | Compliant | |
| Requirements | | |
| · · · · | - | I |
| 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 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Compliant | |
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