# **Family Child Care 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 Deta      | ils             |                   |
|---|-------------------|-----------------|-------------------|
| Program Name  | Program Number    |                 | Program Type      |
| IMAGINATIONS AT WORK                                    | 000000201410      |                 | FCC - Type A Home |
| Address   |                   |                 | County            |
| 711 CLARK STREET  |                   |                 | HAMILTON          |
|   |                   |                 |                   |
| CINCINNATI  |                   |                 |                   |
| OH 45203  |                   |                 |                   |
| Building and Fire Approvals apply to Type A Family Chil | d Care Homes only |                 |                   |
| Building Approval Date                                  | Use Group/Code    | Occupancy Limit | Maximum Under 2 ½ |
|   |                   |                 |                   |
| Fire Inspection Approval Date                           |                   |                 |                   |
| 01/03/2018  |                   |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection S                   | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 07/03/2024             | 10:32 AM                       |                  | 11:39 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Jennifer Herzog        |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 66                     | 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)                                  |                  | 2          | 0         | 2     |
| Young Toddler   |                  | 2          | 0         | 2     |
| Total Under 2 Years                                       | 12               | 4          | 0         | 4     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 3          | 0         | 3     |
| School Age  |                  | 5          | 0         | 5     |
| Total Capacity/Enrollment                                 | 12               | 8          | 0         | 12    |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group  | Age Group/Range Ratio Observed Comment |        |  |
| 7/3/2024                                     |  | 2 to 0 |  |





## **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  |
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|   |
| Moderate Risk Non-Compliances   |
|   |
| No Moderate Risk Non-Compliances were observed during this inspection |
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| Low Risk Non-Compliances  |
|   |

Domain: 00 License & Approvals

Rule: 5101:2-13-02 Information in OCLQS

Code: The provider is required to keep their information current in OCLQS.



Findings: During the inspection, it was determined the information in number 4 below was not up to date in the Ohio Child Care Licensing and Quality System:

- 1. Mailing Address;
- 2. Telephone Number;
- 3. Email Address;
- 4. Days and Hours of Operation;
- 5. Services Offered;
- 6. Name of Program, If applicable.
- 7. Private pay rates.

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

Corrective Action Plan Due: 08/02/2024

### **Domain: 00 License & Approvals**

Rule: 5101:2-13-04 Fire Inspections for Type A Homes

Code: The program is required to have a fire approval completed within 12 months from the date of the last fire approval.

Findings: The program had not been inspected and approved within 12 months from the date of the last fire approval by the local fire department, as required. Secure and submit an updated fire approval as part of the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 08/02/2024

#### Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 1 below:

- 1. No medical was on file for at least one child
- 2. Medical(s) on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth
- 4. Medical(s) were missing the date of the medical examination
- 5. The date of the exam was more than 13 months prior to the date the form was signed
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care

- 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases

required by division 5104.014 of the Revised Code and found in appendix A to this rule

10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions

11. Other [ ]

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

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Corrective Action Plan Due: 08/02/2024

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

| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-02 License Visible                               | Compliant | 3 (", ")                                |
| J101.2-13-02 License visible                               | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary                           | Compliant |   |
| Closure  |           |   |
| Closure  |           |   |
|  |           |   |
|  | 1 -       |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location                            | Compliant |   |
|  |           |   |
|  |           |   |
|  | -         |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical                              | 0.00.00   | Bocamenting statement(s), it applicable |
| 5101.2-13-02 Provider Medical                              | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Type A Ownership                              | Compliant |   |
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| Rule   | Status     | Documenting Statement(s), If applicable     |
|--|------------|---|
| 5101:2-13-03 Inspection  | Compliant  | bocumenting statement(s), if applicable     |
|  | Compliant  |   |
| Requirements   |            |   |
|  |            |   |
| Rule   | Status     | Documenting Statement(s), If applicable     |
| 5101:2-13-04 Building Inspections for  | Compliant  | Boodinenting otatement(s), it applicable    |
| Type A Homes   | Compilant  |   |
| Type A Homes   |            |   |
|  |            |   |
| Rule   | Status     | Documenting Statement(s), If applicable     |
| 5101:2-13-07 Staff Records   | Compliant  | 2 comment in g content in sign in approache |
| 5101.2 15 07 Stall Necolds   | Compilant  |   |
|  |            |   |
|  |            |   |
| Rule   | Status     | Documenting Statement(s), If applicable     |
| 5101:2-13-08 Employee Requirements   | Compliant  | 3 (7, 11                                    |
| been a second se | Compilario |   |
|  |            |   |
|  | ,          |   |
| Rule   | Status     | Documenting Statement(s), If applicable     |
| 5101:2-13-08 Whistle Blower  | Compliant  | 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -     |
|  | Compilario |   |
|  |            |   |
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| Rule   | Status     | Documenting Statement(s), If applicable     |
| 5101:2-13-09 Background Checks   | Compliant  | 0 (" 11                                     |
|  |            |   |
|  |            |   |
|  |            |   |
| Rule   | Status     | Documenting Statement(s), If applicable     |
| 5101:2-13-10 Health Training   | Compliant  |   |
|  |            |   |
|  |            |   |
|  |            |   |
| Rule   | Status     | Documenting Statement(s), If applicable     |
| 5101:2-13-10 Professional  | Compliant  |   |
| Development  |            |   |
|  |            |   |
|  |            |   |
| Rule   | Status     | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Outdoor Space   | Compliant  |   |
|  |            |   |
|  |            |   |
|  |            |   |
| Rule   | Status     | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Outdoor Equipment   | Compliant  |   |
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|---|---------------|---|
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|   |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                            | Compliant     |   |
| 3101.2-13-11 Fall 2011e                           | Compliant     |   |
|   |               |   |
|   |               |   |
|   |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment                       | Compliant     |   |
|   |               |   |
|   |               |   |
|   |               |   |
|   |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment                     | Compliant     |   |
|   |               |   |
|   |               |   |
|   | 1             |   |
| D. I.   | Chahara       | Decree atting Ch. 1                     |
| Rule  | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and                | Compliant     |   |
| equipment   |               |   |
|   |               |   |
|   |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable |
|   |               | Documenting Statement(s), if applicable |
| 5101:2-13-13 Handwashing                          | Compliant     |   |
|   |               |   |
|   |               |   |
|   |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free                           | Compliant     |   |
| 3101.2-13-13 31110KE 11EE                         | Compliant     |   |
|   |               |   |
|   |               |   |
|   |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing                        | Compliant     |   |
| 0 20 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10 | - Compilation |   |
|   |               |   |
|   |               |   |
|   |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field               | Compliant     |   |
| and Routine Trips                                 |               |   |
|   |               |   |
|   |               |   |
| Pulo  | Status        | Documenting Statement/s) If applicable  |
| Rule  | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision                | Compliant     |   |
| for Field and Routine Trips                       |               |   |
|   |               |   |
|   |               |   |
| Rule  | Status        | Documenting Statement(s), If applicable |
|   |               | bocumenting statement(s), if applicable |
| 5101:2-13-14 Driver Requirements                  | Compliant     |   |
|   | 1             |   |
|   |               |   |

| Rule                                 | Status    | Documenting Statement(s), If applicable      |
|--------------------------------------|-----------|--|
| 5101:2-13-14 Vehicle Inspections     | Compliant | bocumenting statement(s), if applicable      |
| 3101.2-13-14 Vehicle hispections     | Compilant |  |
|                                      |           |  |
|                                      | <u> </u>  |  |
| p.d.                                 | Chahara   | Decree entire Chateman ent/a) If a malicular |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-14 Vehicle Requirements    | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      | 1 a       |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-15 Health Conditions       | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      | 1 -       |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-15 Child Records Retention | Compliant |  |
| and Confidentiality                  |           |  |
|                                      |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-16 Medical, Dental, and    | Compliant |  |
| General Emergency Plan               |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-16 Emergency Drills        | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |  |
| Precautions                          |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-16 Communicable Diseases   | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-16 Incident/Injury         | Compliant |  |
|                                      | 1         |  |
|                                      |           |  |
|                                      | •         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-16 Emergency               | Compliant |  |
| Preparedness and Response Plan       |           |  |
| Trepareuriess and Nesponse Fian      |           |  |
|                                      | ı         |  |



| Rule                                | Status      | Documenting Statement(s), If applicable  |
|-------------------------------------|-------------|--|
| 5101:2-13-18 Attendance             | Compliant   | 2 commence of the second of th |
|                                     | John Briant |  |
|                                     |             |  |
|                                     | •           |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision            | Compliant   |  |
|                                     |             |  |
|                                     |             |  |
|                                     |             | 1  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision | Compliant   |  |
|                                     |             |  |
|                                     |             |  |
| Dulo                                | Status      | Decumenting Statement (a) If a well-all-   |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Child Guidance         | Compliant   |  |
|                                     |             |  |
|                                     | I           | 1  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Sleep and Nap          | Compliant   | Bocamenting statement(3), it applicable  |
| Requirements                        | Compilant   |  |
| Requirements                        |             |  |
|                                     | 1           |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen       | Compliant   |  |
| Requirements                        | ·           |  |
|                                     |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Evening and Overnight  | Compliant   |  |
| Care                                |             |  |
|                                     |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Sanitary Environment   | Compliant   |  |
| and Hygiene                         |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks       | Compliant   | bocamenting statement(3), it applicable  |
| JIOI.2 IJ 22 MICAIS AND SHACKS      | Compilant   |  |
|                                     |             |  |
|                                     | •           |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Fluid Milk             | Compliant   |  |
|                                     | ,           |  |
|                                     |             |  |
|                                     |             |  |
| Rule                                | Status      | Documenting Statement(s), If applicable  |
|                                     |             |  |

| 5101:2-13-22 Food Handling                         | Compliant           |   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care                     | Compliant           | Documenting statement(s), if applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food<br>Preparation | Compliant           | bocumenting statement(s), if applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                             | Compliant           | bocumenting statement(3), it applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for<br>Swimming     | Compliant           | bocumenting statement(3), it applicable |
|  |                     |   |
| Rule 5101:2-13-25 Medication Requirements          | Status Compliant    | Documenting Statement(s), If applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities             | Compliant           | bocumenting statement(s), if applicable |
|  |                     |   |
| Rule 5101:2-13-18 Group Size and Ratios            | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule 5101:2-13 Written Policies and Procedures     | Status Compliant    | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule 5101:2-13-08 Child Care Staff Requirements    | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space                          | Compliant           | Bocumenting statement(s), if applicable |

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-13-17 Programming         | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools       | Compliant |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and | Compliant | Documenting statement(s), it applicable |
| Procedures                       | Compilant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                | Compliant |   |
| Dula                             | Status    | Decumenting Statement(s) If applicable  |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites      | Compliant |   |
|                                  | 6         |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and       | Compliant |   |