

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 http://jfs.ohio.gov/CDC/childcare.stm. 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 | | Prog | gram Type |
| CREATIVE WORLD OF LEARNING - Union | 00000201748 | | Chile | d Care Center |
| | | | | |
| Address | | | Cou | nty |
| 210 W MARTINDALE UNION | | | MO | NTGOMERY |
| OH 45322 | | | | |
| | | | | |
| | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | | Maximum Under 2 ½ |
| 12/21/1984 | A-4 | 57 | | 16 |
| Fire Inspection Approval Date | Food Service Risk L | evel | | |
| 01/20/2023 | Level III | | | |

| | Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | соре | Inspection Notice | | |
| Annual | Full | | Unannounced | | |
| Inspection Date 01/23/2023 | Begin Time S | 2:30 AM | End Time 11:30 AM | | |
| Reviewer: | | | | | |
| Yolonda McIntosh | 1 | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 58 | 3 | 0 | 0 | 3 | |

| Li | icense Capacity ar | nd Enrollme | ent at the Time of Ir | spection |
|---------------------------|--------------------|-------------|-----------------------|----------|
| Age Group | License Capacity | Enrollment | | ollment |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 3 | 0 | 3 |
| Young Toddler | | 2 | 0 | 2 |
| Total Under 2 ½ Years | 16 | 5 | 0 | 5 |
| Older Toddler | | 3 | 0 | 3 |
| Preschool | | 7 | 0 | 7 |
| School Age | | 10 | 0 | 10 |
| Total Capacity/Enrollment | 57 | 20 | 0 | 25 |

| S | taff-Child Ratios at the Time of Insp | pection | |
|-------|---------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |



| Infant/Toddler | 2 to 5 | |
|----------------|--------|--|
| Infant/Toddler | 2 to 5 | |
| Preschool | 1 to 4 | |
| Preschool | 1 to 4 | |

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

No Moderate Risk Non-Compliances were observed during this inspection



Low Risk Non-Compliances

Domain: 03 Postings & Equipment

Rule: 5101:2-12-16 Medical, Dental, and General Emergency Plan

<u>Code</u>: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number(s) 1 below:

1. The plan was not posted in each classroom. (School Age classroom)

2. The plan was not posted in other spaces used by children.

3. The name, address and telephone number of the program were not complete.

4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.

5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.

6. Location of children's records was not complete.

7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.

8. The current version of the prescribed form was not used.

9. The plan was not implemented when necessary in that

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

Corrective Action Plan Due: 02/22/2023

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

<u>Code</u>: The program staff medicals are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/22/2023



Domain: 09 Children's Files

<u>Rule</u>: 5101:2-12-15 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 number(s) 14, 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 |
|------|--------|---|



Department of Education Department of Job and Family Services

| 5101:2-12-02 License Posted | Compliant | |
|--------------------------------------|---------------------|--|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| 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 | Documenting statement(s), if applicable |
| | | |
| Rule | Status | Decumenting Statement(-) If any list his |
| 5101:2-12-04 Food Service | Compliant | Documenting Statement(s), If applicable |
| Requirements | compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Compliant | |
| Suspension | | |
| 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 | | |
| Dula | Chatura | |
| Rule 5101:2-12-07 Written Program | Status Compliant | Documenting Statement(s), If applicable |
| Policies and Procedures | Compliant | |
| | l | |
| 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 |
| 5101:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Nult | Status | bocamenting statement(s), if applicable |



Department of Education Department of Job and Family Services

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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-13 Smoke Free | Compliant | |
| Environment | | |
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| 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 |
| 5101:2-12-14 Transportation - Driver | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Medical/Physical | Compliant | Documenting Statement: At the time of |
| Care Plans | | the inspection, there were no children |
| | | currently enrolled who had health |
| | | conditions. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Compliant | |
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| 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 Incident/Injury | Compliant | |
| Reporting | | |
| | | |
| 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 | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |



Department of Education Department of Job and Family Services

| 5101:2-12-17 Materials and | Compliant | |
|---------------------------------------|---------------------|---|
| Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
| | | |
| Rule | Status | Documenting Statement/s) If applicable |
| 5101:2-12-18 License Capacity | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-12-18 License capacity | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
| | compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| | | |
| D.I. | Chathara | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Compliant | |
| | compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |



| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-12-23 Infant Daily Care | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
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| 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 | | |