

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 Details | | | |
|---|--------------------------------|-----------------------------------|--------------------|
| Program Name LITTLE SPROUTS LEARNING CENTER | Program Number 000000206847 | Program Type Child Care Center | |
| Address 11177 SPRINGFIELD PIKE SPRINGDALE OH 45246 | | | County HAMILTON |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 11/01/2017 | Food Service Risk Level N/A | | |

| Inspection Information | | | | |
|-------------------------------|-------------------------------------|--------------------------|------------------------|----------------------------------|
| Inspection Type Annual | | Inspection Scope Full | | Inspection Notice Unannounced |
| Inspection Date 01/15/2025 | | Begin Time 9:30 AM | | End Time 11:30 AM |
| Reviewer: Kathryn Koester | | | | |
| Summary of Findings | | | | |
| No. Rules Verified 58 | No. Rules with Non-compliances 1 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 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 | | 0 | 62 | 62 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 79 | 0 | 62 | 62 |

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

| | | | |
|--------------|----------------------|---------|--|
| Green Room | 3 years to < 4 years | 2 to 12 | |
| Green Room | 3 years to < 4 years | 2 to 12 | |
| Yellow Group | 3 years to < 4 years | 2 to 12 | |
| Yellow Group | 3 years to < 4 years | 2 to 12 | |
| Purple Room | 3 years to < 4 years | 2 to 12 | |
| Purple Room | 3 years to < 4 years | 2 to 12 | |

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: 09 Children's Files

Rule: 5180:2-12-25 Medication Administration

Code: The program is required to remove all medication, medical foods and topical products that are no longer being administered or have expired. The program is also required to maintain current documentation to administer medications, medical foods and topical products.

Finding: During the inspection, it was determined that medication, medical foods and/or topical products did not meet the requirement(s) for administering medication, medical foods, and/or medical products as noted in number(s) 2 below:

1. The medication, medical food, or topical product was no longer needed and had not been removed from the program.
2. The medication, medical food, or topical product had expired and had not been removed from the program.
3. The prescription label had expired.

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

Corrective Action Plan Due: 02/20/2025

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 |
| 5180:2-12-02 License Posted | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department Inspection | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-12-02 Current Information | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: Documentation of a fire inspection without any uncorrected violations must be secured for the program. Secure a new fire inspection by October 7, 2025. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Food Service Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator Qualifications | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator Responsibilities/Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program Policies and Procedures | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Medical Statement | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-09 Background Check Requirements | Compliant | Documenting Statement: During the inspection, the required documentation |

| | | regarding background checks was on file for all employees listed. |
|--|-----------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Health Training Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional Development Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-12 Safe Equipment | Compliant | Documenting Statement: Equipment was observed to be in good condition. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Play Equipment | Compliant | Documenting Statement: The outdoor play space and equipment were not viewed during this inspection due to snow covering; however, the requirements were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement: The protective surfaces under the outdoor equipment were not viewed during this inspection due to snow covering; however, the requirements were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-12 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 |
|--|-----------|--|
| Rule: 5180:2-12-13 Sanitary Equipment and Environment | Compliant | Documenting Statement: On the day of the inspection, the program provided a clean environment in accordance with Appendix A of this rule, which included the furniture, materials and equipment. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field Trip Procedures | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Child Medical and Enrollment Records | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 First Aid/Standard Precautions | Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of Communicable Disease | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|--|
| 5180:2-12-16 Incident/Injury Reporting | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and Equipment | Compliant | |
| Rule | 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: Staff/child ratios observed during the inspection surpassed those required by the rule. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate child guidance techniques and practices were observed being used during the inspection. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



**Department of
Children & Youth**

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| 5180:2-12-22 Safe Food Handling/Storage | Compliant | |
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