

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 <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 Aneshia Watkins/The Academy of Little Creators | Program Number 2170015689 | Program Type FCC - Type B Home |
| Address 2018 Roosevelt Avenue Cincinnati OH 45240 | | County HAMILTON |

| Inspection Information | | |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type Compliance | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 02/26/2026 | Begin Time 10:11 AM | End Time 11:16 AM |
| Reviewer: Amber Saulsbury | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 68 | No. Rules with Non-compliances 5 | No. Serious Risk 0 | No. Moderate Risk 1 | No. Low Risk 5 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | Total |
| | Totals | Full Time | Part Time | |
| Infant (Birth to < 18 m) | | 2 | 0 | 2 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 2 | 0 | 2 |
| Older Toddler | | 3 | 0 | 3 |
| Preschool | | 4 | 0 | 4 |
| School Age | | 2 | 0 | 2 |
| Total Capacity/Enrollment | 7 | 9 | 0 | 11 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|----------|
| Group | Age Group/Range | Ratio Observed | Comment |
| 2/26/26 | Mixed Age Group | 1 to 5 | 10:15 am |

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

Domain: 09 Children's Files

Rule: 5180:2-13-15 Health Conditions

Code: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

Findings: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number 1 below:

1. No plan was on file.
(Page 1)
2. Child's name was missing.
3. Name of the condition was missing.
4. Indication if medication or medical food is required was missing.
5. Signs, symptoms or situations that require staff to take action were missing.
6. Activities, foods, environmental conditions to avoid were missing.
7. Training instructions for procedures for staff to follow were missing or incomplete.
(Page 2)
8. Child's name was missing or not attached.
9. Child's date of birth was missing or not attached.
10. Child's weight was missing or not attached.
11. Name of the medication/medical food was missing or not attached.

12. Dosage of medication/medical food to be administered was missing or not attached.
13. Time for medication/medical food to be administered was missing or not attached.
14. Expiration date for medication/medical food was missing or not attached.
15. Symptoms that require staff to administer medication/medical food were missing or not attached.
16. Specific instructions to administer the medication/medical food were missing or not attached.
17. Actions to be taken if the symptoms do not subside were missing or not attached.
18. Physician's signature was missing or not attached.
19. The date of the physician's signature was missing or not attached.

(Page 3)

20. Child's name was missing.
21. Instructions regarding emergency evacuation, if applicable, were missing.
22. Signature of parent granting permission to implement the plan and verifying training was missing.
23. Date of parent signature was missing.
24. Certified Professional Trainer information was missing.
25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
26. Date of trainer signature was missing.
27. Printed name(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
29. Date of staff signature was missing.
30. Administrator/Provider signature was missing
31. Date of administrator/Provider was missing.

(Page 4)

32. Child's name was missing.
33. Name of medication or medical food was missing.
34. Date the medication/medical food was administered was missing.
35. Time medication/medical food was administered was missing.
36. Dosage of medication/medical food that was administered was missing.
37. Signature of person administering medication/medical food was missing.
38. The plan was not followed or implemented.
39. The plan was not able to be implemented due to conflicting information.
40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/29/2026

Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5180:2-13-02 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: 03/29/2026

Domain: 03 Postings & Equipment

Rule: 5180:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number 7 below:

1. The plan was not posted on each level of the home used for child care.
2. The name, address and telephone number of the program were not complete.
3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
4. 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.
5. Location of children's records was not complete.

6. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
7. The current version of the prescribed form was not used.
8. 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: 03/29/2026

Domain: 07 Diapering & Infant Care

Rule: 5180:2-13-23 Infant Bottle and Food Preparation

Code: The program is required to retain and update infant feeding instructions.

Findings: During the inspection, it was determined that written instructions for feeding the infants noted on the Children Record Review form were [not on file/updated], as required by this rule. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 03/29/2026

Domain: 09 Children's Files

Rule: 5180:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review 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 4 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 []

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

Corrective Action Plan Due: 03/29/2026

Domain: 09 Children's Files

Rule: 5180:2-13-15 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 2 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.

Corrective Action Plan Due: 03/29/2026

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-02 Voluntary Temporary Closure | Compliant | |
| 5180:2-13-02 License Visible | Compliant | |
| 5180:2-13-02 Change of Location | Compliant | |
| 5180:2-13-02 Provider Medical | Compliant | |
| 5180:2-13-03 Inspection Requirements | Compliant | |
| 5180:2-13-04 Building Requirements for Type B Homes | Compliant | |
| 5180:2-13-04 Fire Safety for Type B Homes | Compliant | |
| 5180:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant | |
| 5180:2-13-04 Heaters in a Type B Home | Compliant | |
| 5180:2-13-07 Staff Records | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-13-07 Provider Responsibilities | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and Procedures | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Type B Provider - Foster Parent | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Employee Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Child Care Staff Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-09 Background Checks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-10 Health Training | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-10 Professional Development | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Indoor Space | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-13-11 Outdoor Space | Compliant | |
| 5180:2-13-11 Outdoor Equipment | Compliant | |
| 5180:2-13-11 Fall Zone | Compliant | |
| 5180:2-13-12 Safe Equipment | Compliant | |
| 5180:2-13-12 Safe Environment | Compliant | |
| 5180:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant | |
| 5180:2-13-12 Pets | Compliant | |
| 5180:2-13-13 Clean environment and equipment | Compliant | |
| 5180:2-13-13 Smoke Free | Compliant | |
| 5180:2-13-13 Handwashing | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |

| | | |
|--|---------------|--|
| 5180:2-13-13 Toothbrushing | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field and Routine Trips | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 First Aid Kit/Standard Precautions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Incident/Injury | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-16 Emergency Preparedness and Response Plan | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-17 Materials and Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-18 Group Size and Ratios | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-18 Attendance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight Care | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-20 Sleep and Nap Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 Child Guidance | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-20 Crib and Playpen Requirements | Compliant | |
| 5180:2-13-21 Sanitary Environment and Hygiene | Compliant | |
| 5180:2-13-22 Meals and Snacks | Compliant | |
| 5180:2-13-22 Food Handling | Compliant | |
| 5180:2-13-22 Fluid Milk | Compliant | |
| 5180:2-13-23 Infant Daily Care | Compliant | |
| 5180:2-13-23 Diapering | Compliant | |
| 5180:2-13-24 On-site Pools | Compliant | |
| 5180:2-13-24 Swimming Sites | Compliant | |
| 5180:2-13-24 Parent Permission for Swimming | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |

| | | |
|---|-----------|--|
| 5180:2-13-25 Medication Requirements | Compliant | |
|---|-----------|--|