

## **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 <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      |
| The Growing Room                | 2190020195              |                 | Child Care Center |
|                                 |                         |                 |                   |
| Address                         |                         |                 | County            |
| 3215 Brotherton Road Cincinnati |                         |                 | HAMILTON          |
| ОН                              |                         |                 |                   |
| 45209                           |                         |                 |                   |
|                                 |                         |                 |                   |
| Building Approval Date          | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |
| 08/27/2024                      | E                       |                 |                   |
| Fire Inspection Approval Date   | Food Service Risk Level |                 |                   |
| 01/29/2024                      | Exempt                  |                 |                   |

| Inspection Information |                     |               |                  |                   |              |
|------------------------|---------------------|---------------|------------------|-------------------|--------------|
| Inspection Type        |                     | Inspection So | cope             | Inspection Notice |              |
| Amendment - chang      | ge of capacity      | Partial       |                  | Unannounced       |              |
| Inspection Date        |                     | Begin Time    |                  | End Time          |              |
| 08/28/2024             |                     | 9:50 AM       |                  | 12:55 PM          |              |
| Reviewer:              |                     |               |                  |                   |              |
| PAMELA DAUDISTEL       |                     |               |                  |                   |              |
| Summary of Findings    |                     |               |                  |                   |              |
| No. Rules Verified     | No. Rules with Non- | compliances   | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 31                     | 0                   | M             | 0                | 0                 | 0            |

| 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          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 13               | 0          | 0         | 0     |

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

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



| _ |  |
|---|--|
|   |  |
|   |  |

## Rules In-Compliance/Not Verified

| Rule                             | Status       | Documenting Statement(s), If applicable     |
|----------------------------------|--------------|---|
| 5101:2-12-02 License Posted      | Not Verified |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-02 Current Information | Not Verified |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-03 Inspection          | Not Verified |   |
| Requirements                     |              |   |
| Rule                             | Status       | Decumenting Statement(s) If applicable      |
| 5101:2-12-04 Building Department | Compliant    | Documenting Statement(s), If applicable     |
| Inspection                       | Compliant    |   |
| Пърссион                         |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable     |
| 5101:2-12-04 Fire Inspection     | Compliant    |   |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable     |
| Rule: 5101:2-12-04 Food Service  | Compliant    | Documenting Statement: The program          |
| Requirements                     |              | has obtained a food service exemption       |
|                                  |              | status from the local health department.    |
|                                  |              | Parents will provide all food for children. |
|                                  |              |   |
| Rule                             | Status       | Documenting Statement(s), If applicable     |

| 5101:2-12-05 Denial, Revocation and   | Not Verified   |   |
|---|--|---|
| Suspension  |  |   |
| Dula  | Charles  | Decree with Chateman Alex If and the late   |
| 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  | Documenting Statement(s), if applicable   |
| Responsibilities/Requirements   | Compliant  |   |
| nesponsibilities, nequirements  |  | I   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-07 Written Program  | Not Verified   | 0 (7 11   |
| Policies and Procedures   |  |   |
|   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Medical Statement  | Compliant  |   |
|   |  |   |
|   | C  | D 2 Ct 1 (1) IC 11  |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| 5101:2-12-08 Orientation Training &   | Compliant  |   |
| Whistle Blower Protection   |  |   |
| Rule  | Status   | Documenting Statement(s), If applicable   |
| Rule: 5101:2-12-09 Background Check   | Compliant  | Documenting Statement: During the   |
| Nuici Jiuliz 12 05 background check   | Combinant  | Documenting Statement, During the   |
|   |  |   |
| Requirements  |  | inspection, the required documentation  |
|   |  | inspection, the required documentation regarding background checks was on file  |
|   |  | inspection, the required documentation  |
|   |  | inspection, the required documentation regarding background checks was on file  |
|   | Status   | inspection, the required documentation regarding background checks was on file  |
| Requirements  |  | inspection, the required documentation regarding background checks was on file for all employees listed.  |
| Requirements  Rule  | Status   | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable   |
| Requirements  Rule Rule: 5101:2-12-10 Health Training   | Status   | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable Documenting Statement: The program  |
| Requirements  Rule Rule: 5101:2-12-10 Health Training   | Status   | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member   |
| Requirements  Rule Rule: 5101:2-12-10 Health Training   | Status   | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid,   |
| Requirements  Rule Rule: 5101:2-12-10 Health Training   | Status   | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease,   |
| Requirements  Rule Rule: 5101:2-12-10 Health Training   | Status   | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable Documenting Statement: The program 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   |
| Requirements  Rule Rule: 5101:2-12-10 Health Training   | Status   | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable Documenting Statement: The program 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  |
| Rule Rule: 5101:2-12-10 Health Training Requirements  | Status<br>Compliant                                  | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable Documenting Statement: The program 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 Rule: 5101:2-12-10 Health Training Requirements  | Status<br>Compliant                                  | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable Documenting Statement: The program 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  |
| Rule Rule: 5101:2-12-10 Health Training Requirements  Rule S101:2-12-10 Professional                                | Status<br>Compliant                                  | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable Documenting Statement: The program 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 Rule: 5101:2-12-10 Health Training Requirements  | Status<br>Compliant                                  | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable Documenting Statement: The program 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 Rule: 5101:2-12-10 Health Training Requirements  Rule 5101:2-12-10 Professional Development Requirements       | Status Compliant  Status Compliant                   | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable  Documenting Statement: The program 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.  Documenting Statement(s), If applicable |
| Rule Rule: 5101:2-12-10 Health Training Requirements  Rule 5101:2-12-10 Professional Development Requirements  Rule | Status Compliant  Status Compliant  Status Compliant | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable Documenting Statement: The program 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 Rule: 5101:2-12-10 Health Training Requirements  Rule 5101:2-12-10 Professional Development Requirements       | Status Compliant  Status Compliant                   | inspection, the required documentation regarding background checks was on file for all employees listed.  Documenting Statement(s), If applicable  Documenting Statement: The program 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.  Documenting Statement(s), If applicable |



| Rule                                      | Status                    | Documenting Statement(s), If applicable  |
|---|---------------------------|--|
| 5101:2-12-11 Outdoor Space                | Not Verified              | -  |
| Requirements                              |                           |  |
|   |                           |  |
| Rule                                      | Status                    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Equipment       | Not Verified              |  |
|   |                           |  |
|   |                           |  |
| Rule                                      | Status                    | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones      | Not Verified              |  |
|   |                           |  |
| Rule                                      | Status                    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-12 Safe Equipment         | Compliant                 | Documenting Statement: Equipment was   |
| Naie. 3101.2 12 12 3are Equipment         | Compilant                 | observed to be in good condition.  |
|   |                           | observed to be in good condition.  |
|   |                           |  |
| Rule                                      | Status                    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-12 Safe Environment       | Compliant                 | Documenting Statement: Cleaning  |
|   | 8                         | supplies were viewed stored out of the   |
|   |                           | reach of children.   |
|   |                           |  |
| Rule: 5101:2-12-12 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.   |
|   |                           |  |
| D. I.                                     | C                         | D C  |
| Rule                                      | Status                    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Sanitary               | Compliant                 | Documenting Statement: During the  |
| Equipment and Environment                 |                           | inspection, the equipment was observed   |
|   |                           | clean and in good repair.  |
|   |                           | 1  |
| Rule                                      | Status                    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Handwashing            | Compliant                 | Documenting Statement: A sink with   |
| Requirements                              | sessimization averable to | running water was located in the   |
| emercane Payable (desired abelianes and f |                           | restrooms and Classroom 104. Hand  |
|   |                           | sanitizer is available.  |
|   |                           | Commence of the control of the contr |
|   |                           |  |
| Rule                                      | Status                    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Smoke Free                   | Not Verified              |  |
| Environment                               |                           |  |
|   |                           |  |
| Rule                                      | Status                    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field     | Not Verified              |  |
| Trip Procedures                           |                           |  |
|   |                           |  |

| Rule                                  | Status       | Documenting Statement(s), If applicable  |
|---------------------------------------|--------------|--|
| 5101:2-12-15 Child Medical and        | Not Verified |  |
| Enrollment Records                    |              |  |
| 4                                     | <del>\</del> |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care    | Not Verified |  |
| Plans                                 |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Medical, Dental,   | Compliant    | Documenting Statement: On the day of   |
| and General Emergency Plan            | Compilant    | the inspection, the complete prescribed  |
| and General Emergency Flan            |              | JFS 01242 "Medical, Dental, and General  |
|                                       |              | Emergency Plan For Child Care" were  |
|                                       |              |  |
|                                       |              | posted in the program as required.   |
|                                       |              |  |
| Dule                                  | Chatria      | Decree entire - Ct-t   |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Emergency Drills         | Not Verified |  |
|                                       |              |  |
| Rule                                  | Status       | Decumenting Statement(s) If applicable   |
|                                       |              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant    | Documenting Statement: During the  |
| Precautions                           |              | inspection, the program had complete   |
|                                       |              | first aid kits available as required.  |
|                                       |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-16 Management of      | Compliant    | Documenting Statement: The 2022 JFS  |
| Communicable Disease                  |              | 08087 "Communicable Disease Chart"   |
|                                       |              | was posted and was readily available to  |
|                                       |              | staff and parents.   |
|                                       |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Incident/Injury          | Not Verified |  |
| Reporting                             |              |  |
|                                       |              |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-17 Daily Schedule     | Compliant    | Documenting Statement: Daily schedules   |
| ,                                     | ,            | were observed posted.  |
|                                       |              | Approximate to the consequence of the consequence o |
|                                       | •            | ,  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-17 Materials and      | Compliant    | Documenting Statement: Sufficient  |
| Equipment                             |              | equipment was observed in all categories.  |
| -4                                    |              | equipment has abserved in an outebories.   |
| 1                                     | 1.           |  |
| Rule                                  | Status       | Documenting Statement(s), If applicable  |
| Tidle                                 | Julius       | Documenting Statement(S), it applicable  |

| 5101:2-12-17 Daily Outdoor Play                   | Not Verified |  |
|---|--------------|--|
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-18 License Capacity                     | Not Verified | J (" 11  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Ratio                                | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Group Size                           | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-18 Attendance Records                   | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Supervision                          | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-19 Child Guidance                       | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-20 Cots and Napping                     | Not Verified |  |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-22 Meal and Snack<br>Requirements | Compliant    | Documenting Statement: All meals and snacks will be provided by parents. For the Love Grows program, families may "shop" at the food pantry next door to the program in the corporate offices to pack their children's lunches.  Supplemental food is on hand. |
| Rule  | Status       | Documenting Statement(s), If applicable  |
| 5101:2-12-22 Fluid Milk Requirements              | Not Verified |  |
| Rule  | Status       | Documenting Statement(s) If applicable   |
| 5101:2-12-22 Safe Food<br>Handling/Storage        | Not Verified | Documenting Statement(s), If applicable  |
| Rule  | Status       | Documenting Statement(s), If applicable  |



| Rule: 5101:2-12-23 Diapering and Toilet Training | Compliant   | Documenting Statement: During the inspection, the requirements of the rule regarding diapering and toilet training were discussed. Diapering will be done in the restroom and supplies are available. |
|--|---|---|
| Rule   | Status  | Documenting Statement(s), If applicable   |
| 5101:2-12-25 Medication                          | Not Verified                                      | boodinenting statement(s), it approase  |
| Administration                                   | Microstophysia cod 2 deskrifted decid a deskrift. |   |
|  |   |   |
| 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               | Not Verified                                      |   |
|  |   |   |
|  |   |   |