

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 | ails | |
|---|---------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| Little Promises (operated by Cincinnati | 2190020784 | | Child Care Center |
| Urban Promise) | | | |
| Address | | | County |
| 2420 Harrison Ave Cincinnati | | | HAMILTON |
| OH 45211 | | | |
| | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 10/02/2019 | E | | 68 |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 06/29/2021 | Exempt | | |

| Inspection Information | | | | |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Annual | Full | | Unannounced | |
| Inspection Date 08/30/2021 | Begin Time 8 | :45 AM | End Time 10:15 AM | |
| Reviewer: | | | | |
| Nicole Vadnais | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 57 | 2 | 0 | 0 | 2 |

| 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 | | 12 | 0 | 12 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 60 | 12 | 0 | 12 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|----------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Orange | 3 years to < 4 years | 1 to 6 | #1 |

| Orange | 3 years to < 4 years | 1 to 6 | #2 |
|--------|----------------------|--------|----|
| Blue | 3 years to < 4 years | 1 to 5 | #1 |
| Blue | 3 years to < 4 years | 1 to 5 | #2 |

Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-12-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| Serious Risk Non-Compliances |
|---|
| No Serious Risk Non-Compliances were observed during this inspection |
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| Moderate Risk Non-Compliances |
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| No Moderate Risk Non-Compliances were observed during this inspection |
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| Low Risk Non-Compliances |
| Domain: 05 Health & Safety |

Rule: 5101:2-12-16 Emergency Drills

<u>Code</u>: The program is required to complete fire drills, weather drills, and emergency/lockdown drills appropriately.

<u>Finding</u>: During the inspection, it was determined that the required drills were not completed for item numbers 2 and 3 below:

- 1. Monthly fire drills;
- 2. Monthly weather emergency drills (March through September);
- 3. Quarterly emergency/lockdown drills.

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

Corrective Action Plan Due: 09/29/2021

Domain: 08 Staff Files

Rule: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program staff is required to obtain at least 6 hours of professional development annually.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

- 1. The child care staff member(s) had not completed at least 6 hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. Other [].

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

Corrective Action Plan Due: 09/29/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-12-22 Meal and Snack | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Approval | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Management of | Compliant | Documenting Statement: The JFS 08087 |
| Communicable Disease | | "Communicable Disease Chart" was |
| | | posted and was readily available to staff |
| | | and parents. |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Smoke Free | Compliant | Documenting Statement: A notice was |
| Environment | | observed posted stating that smoking is |
| | | prohibited at the program. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Child Care Staff | Compliant | Documenting Statement: All Child Care |
| Member Educational Requirements | | Staff Members had verification of |
| | | educational requirements on file at the |
| | | program. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-14 Transportation - | Compliant | Documenting Statement: The driver had |
| Driver Requirements | | completed the required ODJFS driver |
| | | training. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Compliant | |
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| Beginning! | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food License | Compliant | |
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| DI- | Chatana | Dan Chat ant/a\ If a maliable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-13 Sanitary | Compliant | Documenting Statement: On the day of |
| Equipment and Environment | | the inspection, the program provided a |
| | | clean environment in accordance with |
| | | Appendix A of this rule, which included |
| | | the furniture, materials and equipment. |
| | | |
| Rule | Ctatus | Decumenting Statement(c) If applicable |
| Rule: 5101:2-12-19 Child Guidance | Status | Documenting Statement(s), If applicable |
| Rule. 5101.2-12-19 Child Guidance | Compliant | Documenting Statement: Appropriate child guidance techniques and practices |
| | | |
| | | were observed being used during the |
| | | inspection. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Compliant | boodinenting statement(s), it applicable |
| STOTIC TE EL TIAIG WIIIN NEGALI EINEMES | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 First Aid/Standard | Compliant | Documenting Statement: During the |
| Precautions | | inspection, a first aid kit was reviewed |
| | | and available as required. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Compliant | gotateenqoy, n approant |
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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 |
| 5101:2-12-07 Written Program | Compliant | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |

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|--------------------------------------|-----------|--|
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-12-11 Outdoor Play Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Compliant | |
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| Dula | Chahua | Decree entire Statement (a) If a malicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Approval | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-02 License Posted | Compliant | Documenting Statement: The license was |
| | | posted in a visible location as required. |
| | | posted in a visible location as required. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Compliant | |
| Requirements | | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
| 5101.2-12-02 Current information | Compilant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| · · | | were observed posted. |
| | | none case real postess. |
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| | | D 11 61 1 1/1 15 11 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots/mats were |
| | | assigned individually by child's name. |
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| Pulo | Status | Decumenting Statement/s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-15 Child Medical and | Compliant | Documenting Statement: At the time of |
| Enrollment Records | | the inspection, 25% of the children's |
| | | records were reviewed, and the records |
| | | were complete, as required by the rule. |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | |

| 5101:2-12-12 Safe Equipment | Compliant | |
|---|-----------|--|
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| 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. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Orientation and | Compliant | Documenting Statement: On the day of |
| Staff Records | Compliant | the inspection, all employee files were |
| Staff Records | | complete and up to date. |
| | | complete and up to date. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training Requirements | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 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. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Compliant | - Comment of Comment o |
| Requirements | · | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Compliant | Documenting statement(3), it applicable |
| Reporting | | |
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| 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 | | the inspection, the complete prescribed |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-12-18 Group Size | Compliant | boomening statement(s), it approach |
| 5101.E 1E 16 6.0up 6.Ee | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| Rule: 5101:2-12-18 Ratio | Compliant | Documenting Statement: The Appendix A |
| Naic. 3101.2 12 10 Natio | Compilant | "Staff/Child Ratios, Age Grouping and |
| | | Maximum Group Size" was posted in a |
| | | noticeable area at the program as |
| | | required. |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-25 Medication | Compliant | Documenting Statement: There were no |
| Administration and Food Supplements | | children on medication at the time of the |
| | | inspection; however, the method of |
| | | storage and practices for the |
| | | administration were reviewed. |
| | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Compliant | 0 (7) |
| Responsibilities/Requirements | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-08 Medical Statement | Compliant | Documenting Statement: All employees |
| | | had current medical statements on file. |
| | | |