

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 | nils | |
|---|-------------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| Creative Kids Camp- Before/After School | 2210024933 | | Child Care Center |
| Program | | | |
| Address | | | County |
| 6997 Hamilton Ave Cincinnati | | | HAMILTON |
| OH 45231 | | | |
| | | | |
| | | 1 | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| 10/18/2021 | E | 94 | 0 |
| Fire Inspection Approval Date | Food Service Risk Level | | |
| 05/31/2022 | Level II | | |

| Inspection Information | | | | | |
|---|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Follow-up | Partial | | Unannounced | | |
| Inspection Date Begin Time 3:05 PM 10/20/2022 | | End Time 3:20 PM | | | |
| Reviewer: | | | | | |
| PAMELA DAUDISTEL | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 5 | 0 | 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 | 92 | 0 | 0 | 0 |

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



| Afterschool Group School-Age to < 11 years 2 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 |
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| No Serious Risk Non-Compliances were observed during this inspection |
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| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
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| Low Risk Non-Compliances |
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No Low Risk Non-Compliances were observed during this inspection

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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|--------------|---|
| 5101:2-12-02 License Posted | Not Verified | Documenting Statement(s), if applicable |
| 3101:2-12-02 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 | bocamenting statement(s), it applicable |
| Requirements | Not vermed | |
| Requirements | | L |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-04 Building | Compliant | Documenting Statement: Building |
| Department Inspection | | approval has been received for the new |
| · | | Preschool Room, the "Scout Room" off of |
| | | the Fellowship Hall via an email exchange |
| | | with the College Hill Building inspector |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Not Verified | bocamenting statement(3), if applicable |
| Requirements | Not vernicu | |
| requirements | | |



| Degintary: | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | |
| Suspension | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | 3 (" 1. |
| Qualifications | | |
| <u> </u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | bocumenting statement(s), if applicable |
| Responsibilities/Requirements | Not verified | |
| Responsibilities/ Requirements | | |
| | I a | 10 11 11 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not Verified | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
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| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |
| | | • |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Not Verified | 3 (" 11 |
| Whistle Blower Protection | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Not Verified | bocumenting statement(s), if applicable |
| Requirements | Not verified | |
| Requirements | | |
| - 1 | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-11 Indoor Space | Compliant | Documenting Statement: The following |
| Requirements | | additional space was measured during the |
| | | inspection: new Preschool Room off of |
| | | the Fellowship Hall. |
| | | and renovering right |
| <u> </u> | <u>I</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Julius | Documenting Statement(s), if applicable |

| Deglinning: | | |
|--|------------------------|--|
| 5101:2-12-11 Separation of Children | Not Verified | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Not Verified | 3 (2 11 |
| Requirements | | |
| nequirements | <u> </u> | _ <u>l</u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | bocumenting statement(s), if applicable |
| 3101.2-12-11 Outdoor Play Equipment | Not verified | |
| | <u>l</u> | _L |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | bocumenting statement(s), if applicable |
| 3101.2-12-11 Outdoor Flay Fail Zones | Not verified | |
| | <u> </u> | _L |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Not Verified | bocumenting statement(s), if applicable |
| 3101.2-12-12 Sale Equipment | Not verified | |
| | <u> </u> | _L |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | | Documenting Statement: A safe |
| Rule. 3101.2-12-12 Sale Elivironinient | Compliant | environment was observed in the new |
| | | |
| | | Preschool Room during the inspection. |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Not Verified | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Not Verified | |
| Environment | | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | bookinenting statement(s), it applicable |
| Requirements | 1400 Verified | |
| Requirements | 1 | |
| Pule | Chatus | Decumenting Statement/s) If a calicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Not Verified | |
| Trip Procedures | | |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-12-14 Transportation - Driver | Status Not Verified | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Not Verified | Bootimenting octatement(s)) if applicable |
| Enrollment Records | Not vermed | |
| Elifolifient Records | | |
| | | |
| 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 | | the inspection, the complete prescribed |
| and deficient energeticy right | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | - , |
| | | posted in the new Preschool classroom as |
| | | required. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | bocamenting statement(s), it applicable |
| Communicable Disease | Not verified | |
| Communicable Disease | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | |
| Reporting | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Not Verified | |
| 3101.2 12 17 Daily Schedule | 1.00 vermed | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | | Documenting statement(s), if applicable |
| LL STUTZ-TZ-TZ Waterials and | Not Verified | |
| | | |
| Equipment | | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-17 Daily Outdoor Play | Not Verified | 3 2 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Compliant | |
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| Dula | Chatura | Decree outing Chatera out/a\ If a reliable |
| Rule | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Not Verified | Source and the state of the sta |
| STOTIE IE TO MELENIAMINE NECOTAS | 1100 Termed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | |
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| 0.1 | | 5 (1) 1/ 1/ 1/ 1/ |
| Rule | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Not Verified | boodinenting state ment(s), it approaches |
| 310112 12 20 61103 | 1100 Termed | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Not Verified | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-22 Safe Food Handling/Storage | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Not Verified | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Not Verified | |
| Training | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Not Verified | |
| Safety Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Not Verified | |
| Administration | | |
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