

Center Complaint Inspection Summary 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	Program Number	Program Type		
Creative Kidz Connection LLC	2240031145	Child Care Center		
Address		County		
762 Eastland Akron OH 44305		SUMMIT		

Inspection Information						
Inspection Type Complaint		Inspection Scope Partial		Inspection Notice Unannounced		
Reviewer(s) TONYA WASHINGTON Inspection 05/14/202			Begin Time 5:00 PM		End Time 7:15 PM	
Summary of Findings						
No. Rules Verified	No. Rules with Non-co	mpliances No. Serious Ris		(No. Moderate Risk	No. Low Risk
12	8		0		1	8

Staff-Child Ratios at the Time of Inspection				
Group	Age Group/Range	Ratio Observed	Comment	
INFANT	0 to < 12 months	2 to 4	FREE TIME	
PRESCHOOL/ SCHOOL AGE	3 years to < 4 years	2 to 4	BOTH CCSM'S DO	
			NOT MEET RATIO	
			REQUIREMENTS.	



Complaint Allegations

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

Domain:01 Ratio & Supervision

Rule: 5180:2-12-19 Child Guidance

Code: The program staff shall use developmentally appropriate techniques when managing children's behavior. Corporal punishment is prohibited, as well as any cruel, harsh, unusual or extreme techniques.

Allegation: A staff member grabbed a child up using an inappropriate child guidance/management technique.

Determination: Substantiated

Findings: During the inspection, it was determined that a child care staff member used a discipline technique to guide or discipline child that was not developmentally appropriate, consistent, or occurred at the time of the incident in that a CCSM roughly snatched a child up while on the playground. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Risk Level: Low

Corrective Action Plan Due: 06/19/2025

Domain:01 Ratio & Supervision

Rule: 5180:2-12-18 Ratio

Code: The program is required to maintain the appropriate staff to child ratio for each group served with child care staff members who meet the requirements.

Allegation: The center permitted an individual to count in ratio who was underaged.

Determination: Substantiated

Findings: During the inspection, it was determined that children were being supervised by an individual who did not meet the requirements of a child care staff member or was not at least two years older than the children. Additional child care staff members must be hired or current child care staff members must be rescheduled to maintain compliance. Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Risk Level: Low

Corrective Action Plan Due: 06/19/2025

Summary of Additional Non-Compliances



No Additional Serious Risk	Von-Compliances w	ere observed dur	ing this inspection	_

Moderate Risk Non-Compliances

Domain:08 Staff Files

Rule: 5180:2-12-09 Background Check Requirements

Code: The program is required to have all staff request background checks as required and receive a JFS 01176 or preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

Findings: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the persons listed on the Employee Record Chart as noted in number 1 below:

- 1. The request for a background check for child care was not submitted in the OPR.
- 2. The fingerprints were not submitted electronically according to the process established by BCI.
- 3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
- 4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/19/2025

Low Risk Non-Compliances

Domain:00 License & Approvals

Rule: 5180:2-12-03 Inspection Requirements

Code: The program staff is required to provide true and accurate information.

Findings: During the inspection, it was determined that the program provided false information, in that a CCSM answered all complaint interview questions falsely as determined by the paperwork on file and the program administrator's statements. The rule requires the program to provide accurate and truthful information to the Department. Provide staff training.



Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/19/2025

Domain:08 Staff Files

Rule: 5180:2-12-07 Administrator Responsibilities/Requirements

Code: The program administrator is required to maintain current employee records in the Ohio Professional Registry.

Findings: During the inspection, it was determined employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in numbers 1,2,4 below:

- 1. At least one administrator, employee or child care staff member (including substitutes) had not created a profile.
- 2. At least one administrator, employee or child care staff member had not created an employment record for the program on or before their first day of employment.
- 3. At least one administrator, employee or child care staff member had not updated changes to positions or roles within five calendar days of the change.
- 4. The administrator had not assigned at least one employee or child care staff member to the program's organization dashboard.
- 5. At least one individual's schedule was not current.
- 6. At least one individual's position or role did not include an applicable group assignment.
- 7. At least one individual's employment had not been end dated.
- 8. Other: []

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

Corrective Action Plan Due: 06/19/2025

Domain:08 Staff Files

Rule: 5180:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

Findings: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number 1 below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 6. Tuberculosis (TB) screening/test information was missing:



- a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
- b. Results of a TB test for employees meeting both criteria in 6a.
- c. Results of additional testing for employees with a positive TB test.
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/19/2025

Domain:08 Staff Files

Rule: 5180:2-12-08 Child Care Staff Member Educational Requirements

Code: The program staff is required to have educational verification on file at the program.

Findings: In review of the staff records, it was determined that verification of a high school education for the child care staff members listed on the Employee Record Chart, did not meet the requirements as listed in number 1 below:

- 1. Verification of completion of a high school education was not on file.
- 2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.
- 3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
- 4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

Submit the program's corrective action plan, which includes a copy of the education verification, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/19/2025

Domain:08 Staff Files

Rule: 5180:2-12-08 Orientation Training & Whistle Blower Protection

Code: The program is required to have staff complete the online staff orientation training. Additionally, the training must be completed before they are permitted to have sole responsibility of children.

Findings: In review of the staff records, it was determined that child care staff members did not meet the requirements for completing the online orientation training as noted in number 4 below:

- 1. The training was not completed within 30 days of starting employment at the program as a child care staff member.
- 2. Documentation of completing the training after December 31, 2016 was not on file.
- 3. Completion of the training was not verified in the OPR.
- 4. A child care staff member had sole responsibility of children and had not completed the online orientation.

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



Corrective Action Plan Due: 06/19/2025

Domain:08 Staff Files

Rule: 5180:2-12-09 Background Check Requirements

Code: The program is required to maintain a current JFS 01176 "Program Notification of Background Check Review for Child Care" on file for each staff.

Findings: In review of the staff records, it was determined that background check requirements had not been followed, for the individual listed on the Employee Record Chart, as noted in number 1 below:

- 1. The JFS 01177 "Individual Notification of Background Check Review for Child Care" was on file instead of the JFS 01176.
- 2. The JFS 01176 on file was for a different program.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/19/2025