

## **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          |          |               | Pro   | gram Type         |
| Creative Connections Childcare Center | Too    | 2250032567              |          |               | Chi   | ld Care Center    |
|                                       |        |                         |          |               |       |                   |
| Address                               |        |                         |          |               | Co    | unty              |
| 6560 Glenway Ave cincinnati           |        |                         |          |               | HA    | MILTON            |
| ОН                                    |        |                         |          |               |       |                   |
| 45211                                 |        |                         |          |               |       |                   |
|                                       |        |                         |          |               | 0)    |                   |
| Building Approval Date                |        | Use Group/Code          | Occupar  | ncy Limit     |       | Maximum Under 2 ½ |
|                                       |        |                         |          | - 150         |       |                   |
| Fire Inspection Approval Date         |        | Food Service Risk Level |          |               |       |                   |
|                                       |        |                         |          |               |       |                   |
|                                       |        |                         |          |               |       |                   |
|                                       |        | Inspection Inform       | nation   |               |       |                   |
| Inspection Type                       | Inspec | tion Scope              |          | Inspection No | otice |                   |
| Pre-license Pre-license               | Full   |                         |          | Unannounc     | ed    |                   |
| Inspection Date Begin Ti              |        | Time                    |          | End Time      |       |                   |
| 09/18/2025 10:00 ΔΜ                   |        |                         | 11:05 AM |               |       |                   |

| Inspection Information   |  |                        |                   |              |
|--|--|------------------------|-------------------|--------------|
| Inspection Type  | The second secon | ection Scope           | Inspection Notice |              |
| Pre-license  | Full   |                        | Unannounced       |              |
| Inspection Date  | Begin  | n Time                 | End Time          |              |
| 09/18/2025   | 10:00  | 0 AM                   | 11:05 AM          |              |
| Inspection Date  | Begin  | n Time                 | End Time          |              |
| 09/18/2025   | 10:00  | 0 AM                   | 11:05 AM          |              |
| Reviewer:  |  |                        |                   |              |
| Carlie Bennett   |  |                        |                   |              |
| Reviewer:  |  |                        |                   |              |
| Ashley Chiles  |  |                        |                   |              |
| a control of the cont |  |                        |                   |              |
| Summary of Findings  |  |                        |                   |              |
| No. Rules Verified   | No. Rules with Non-complia   | ances No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58   | 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     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 |                  | 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 5180:2-12-03 and 5180:2-13-03 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  |
|   |
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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 Love Diele New Commiliance and a beauty of design ability in the state of |  |  |  |
| 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  |
|-------------------------------------|-----------|--|
| Rule: 5180:2-12-16 Written Disaster | Compliant | Documenting Statement: During the        |
| Plan                                |           | inspection, the requirements of the rule |
|                                     |           | regarding the written disaster plan      |
|                                     |           | training were discussed.                 |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-02 License Posted   | Compliant | Documenting Statement: The license was   |
|                                     |           | in a location visible to parents as      |
|                                     |           | required.                                |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-04 Building         | Compliant | Documenting Statement: During the        |
| Department Inspection               |           | inspection, the requirements of the rule |
|                                     |           | regarding building approval were         |
|                                     |           | discussed.                               |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-03 Inspection       | Compliant | Documenting Statement: During the        |
| Requirements                        |           | inspection, the requirements of the rule |
|                                     |           | regarding inspections and corrective     |
|                                     |           | action plans (CAPS) were discussed.      |



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| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-02 Current           | Compliant    | Documenting Statement: During the        |
| Information                          | Compilant    | inspection, the requirements of the rule |
| mormation                            |              | regarding maintaining current            |
|                                      |              | information in the Ohio Child Licensing  |
|                                      |              |  |
|                                      |              | and Quality System were discussed.       |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5180:2-12-04 Fire Inspection         | Compliant    |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-04 Food Service      | Compliant    | Documenting Statement: During the        |
| Requirements                         | - Simplicant | inspection, the requirements of the rule |
| nequii emenis                        |              | regarding food service license were      |
|                                      |              | discussed.                               |
|                                      |              | uissassea.                               |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator           | Compliant    | Doddinerting Statement(5), it applicable |
| Qualifications                       | Compilant    |  |
| Quanticacionis                       |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-07 Administrator     | Compliant    | Documenting Statement: During the        |
| Responsibilities/Requirements        | '            | inspection, the requirements of the rule |
| ,                                    |              | regarding administrator responsibilities |
|                                      |              | and requirements were discussed.         |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-08 Child Care Staff  | Compliant    | Documenting Statement: During the        |
| Member Educational Requirements      |              | inspection, the requirements of the rule |
|                                      |              | regarding verification of education for  |
|                                      |              | child care staff members were discussed. |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-08 Medical Statement | Compliant    | Documenting Statement: All employees     |
|                                      |              | had current medical statements on file.  |
|                                      |              |  |
| Rule                                 | Status       | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-08 Orientation       | Compliant    | Documenting Statement: On the day of     |
| Training & Whistle Blower Protection |              | the inspection, all child care staff     |
|                                      |              | members had met orientation training     |
|                                      |              | requirements.                            |



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| De les                               |           | D C  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-09 Background Check  | Compliant | Documenting Statement: During the          |
| Requirements                         |           | inspection, the required documentation     |
|                                      |           | regarding background checks was on file    |
|                                      |           | for all employees listed.                  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-10 Health Training   | Compliant | Documenting Statement: During the          |
| Requirements                         |           | inspection, the requirements of the rule   |
|                                      |           | regarding health training were discussed.  |
|                                      | I         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-10 Professional      | Compliant | Documenting Statement: During the          |
| Development Requirements             |           | inspection, the requirements of the rule   |
|                                      |           | regarding professional development         |
|                                      |           | training for administrators and child care |
|                                      |           | staff members were discussed.              |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-11 Indoor Space            | Compliant |  |
| Requirements                         | ,         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-11 Separation of Children  | Compliant | bocumenting statement(3), it applicable    |
| Under 2 1/2 Years                    | Compilant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-11 Outdoor Play Equipment  | Compliant |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-11 Outdoor Space           | Compliant |  |
| Requirements                         |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-12 Safe Environment  | Compliant | Documenting Statement: During the          |
|                                      |           | inspection, the requirements of the rule   |
|                                      |           | regarding safe environment were            |
|                                      |           | discussed.                                 |
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| Rule                                 | Status    | Documenting Statement(s), If applicable      |
|--------------------------------------|-----------|--|
| Rule: 5180:2-12-12 Safe Equipment    | Compliant | Documenting Statement: During the            |
| 200 - 10                             |           | inspection, the requirements of the rule     |
|                                      |           | regarding safe equipment and mats under      |
|                                      |           | play equipment was discussed.                |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| Rule: 5180:2-12-13 Sanitary          | Compliant | Documenting Statement: During the            |
| Equipment and Environment            |           | inspection, the requirements of the rule     |
|                                      |           | regarding sanitary equipment and             |
|                                      |           | environment were discussed.                  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| Rule: 5180:2-12-13 Handwashing       | Compliant | Documenting Statement: During the            |
| Requirements                         |           | inspection, the requirements of the rule     |
|                                      |           | regarding handwashing were discussed.        |
|                                      |           |  |
| Rule                                 | Status    | Decomposition Chateron and all If an alicely |
| Rule: 5180:2-12-13 Smoke Free        | 0.000     | Documenting Statement(s), If applicable      |
| Environment                          | Compliant | Documenting Statement: A notice was          |
| Environment                          |           | observed posted stating that smoking is      |
|                                      |           | prohibited at the program.                   |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| Rule: 5180:2-12-15 Child Medical and | Compliant | Documenting Statement: During the            |
| Enrollment Records                   |           | inspection, the requirements of the rule     |
|                                      |           | regarding children's medical statements      |
|                                      |           | and enrollments forms were discussed.        |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| Rule: 5180:2-12-15 Medical/Physical  | Compliant | Documenting Statement: During the            |
| Care Plans                           |           | inspection, the requirements of the rule     |
|                                      |           | regarding caring for children with a         |
|                                      |           | specific health condition were discussed.    |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable      |
| Rule: 5180:2-12-16 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.           |
|                                      |           |  |
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| Rule   | Status   | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-16 Emergency Drills  | Compliant  | Documenting Statement: Documentation       |
|  |  | for completed fire, weather, and           |
|  |  | emergency/lockdown drills was verified     |
|  |  | during this inspection.                    |
|  |  | daring this inspection.                    |
|  |  | <u> </u>                                   |
| Rule   | Status   | Documenting Statement(s), If applicable    |
|  |  |  |
| Rule: 5180:2-12-17 Daily Schedule  | Compliant  | Documenting Statement: Daily schedules     |
|  |  | were observed posted.                      |
|  |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-16 Management of   | Compliant  | Documenting Statement: The JFS 08087       |
| Communicable Disease   |  | "Communicable Disease Chart" was           |
|  |  | posted and was readily available to staff  |
|  |  | and parents.                               |
|  |  |  |
|  |  | ,  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-16 First Aid/Standard  | Compliant  | Documenting Statement: During the          |
| Precautions  |  | inspection, the program had complete       |
| 1 recautions   |  | first aid kits available as required.      |
|  |  | ilist ald kits available as required.      |
|  |  |  |
| Rule   | Status   | Decumenting Statement (a) If any limble    |
| Maria III Paga Angara Paga Angara Paga Angara Paga Paga Paga Paga Paga Paga Paga | Constitution and the constitut | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-16 Incident/Injury   | Compliant  | Documenting Statement: During the          |
| Reporting  |  | inspection, the requirements of the rule   |
|  |  | regarding reporting incidents and injuries |
|  |  | were discussed.                            |
|  |  |  |
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| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5180:2-12-17 Materials and   | Compliant  |  |
| Equipment  | 5  |  |
| <u></u>  |  | •  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5180:2-12-17 Daily Outdoor Play  | Compliant  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,    |
| Sissiz iz ir bany satassi riay   | Compilation  |  |
| i.   |  | · ·  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-18 Ratio   | Compliant  | Documenting Statement: The Appendix A      |
| Maior 515612 12 15 Matio   | Compilation  | "Staff/Child Ratios, Age Grouping and      |
|  |  |  |
|  |  | Maximum Group Size" was posted in a        |
|  |  | noticeable area at the program as          |
|  |  | required.                                  |
|  |  |  |
| Rule: 5180:2-12-18 Ratio   | Compliant  | Documenting Statement: During the          |
|  |  | inspection, the requirements of the rule   |



|  |                   | regarding staff/child ratios were discussed.  |
|--|-------------------|---|
| Rule                                     | Status            | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-18 License Capacity      | Compliant         | Documenting Statement: During the inspection, the requirements of the rule regarding license capacity were discussed.   |
|  |                   |   |
| Rule                                     | Status            | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-18 Group Size            | Compliant         | Documenting Statement: During the inspection, the requirements of the rule regarding group size were discussed.   |
| Desta                                    | Charlana          | Decomposition Chatemant/s) If any live lab  |
| Rule: 5180:2-12-18 Attendance<br>Records | Status  Compliant | Documenting Statement(s), If applicable  Documenting Statement: During the inspection, the requirements of the rule regarding attendance records were discussed. Program will be using sample JFS attendance sheet. |
| Rule                                     | Status            | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-19 Supervision           | Compliant         | Documenting Statement: During the   |
| Nuic. 5100.2 12 15 Supervision           | Соприанс          | inspection, the requirements of the rule regarding supervision of children were discussed.  |
|  |                   |   |
| Rule                                     | Status            | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-19 Child Guidance        | Compliant         | Documenting Statement: During the inspection, the requirements of the rule regarding child guidance were discussed.   |
|  |                   |   |
| Rule                                     | Status            | Documenting Statement(s), If applicable   |
| Rule: 5180:2-12-20 Cots and Napping      | Compliant         | Documenting Statement: During the inspection, the requirements of the rule regarding sleeping and napping were discussed.   |
|  | 6                 |   |
| Rule: 5180:2-12-20 Cribs                 | Status            | Documenting Statements During the   |
| Nuie: 5160:2-12-20 Cflbs                 | Compliant         | Documenting Statement: During the inspection, the requirements of the rule regarding cribs spacing and crib sheets were discussed.  |



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| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-22 Fluid Milk        | Compliant | Documenting Statement: During the        |
| Requirements                         |           | inspection, the requirements of the rule |
|                                      |           | regarding fluid milk were discussed.     |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-22 Meal and Snack    | Compliant | Documenting Statement: During the        |
| Requirements                         |           | inspection, the requirements of the rule |
|                                      |           | regarding meals and snacks were          |
|                                      |           | discussed.                               |
|                                      |           | uiscusseu.                               |
| Dula                                 | Chahira   | Designanting Statements of applicable    |
| Rule<br>5180:2-12-22 Safe Food       | Status    | Documenting Statement(s), If applicable  |
| Handling/Storage                     | Compliant |  |
|                                      | Ĭ æ       |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-23 Infant Daily Care | Compliant | Documenting Statement: During the        |
|                                      |           | inspection, the requirements of the rule |
|                                      |           | regarding infant daily care were         |
|                                      |           | discussed.                               |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-23 Infant Bottle and | Compliant | Documenting Statement: During the        |
| Food Preparation                     | Compilant | inspection, the requirements of the rule |
|                                      |           | regarding infant bottle and food         |
|                                      |           | preparation were discussed.              |
|                                      |           | preparation were discussed.              |
| D.I.                                 |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-23 Diapering and     | Compliant | Documenting Statement: During the        |
| Toilet Training                      |           | inspection, the requirements of the rule |
|                                      |           | regarding diapering and toilet training  |
|                                      |           | were discussed.                          |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-25 Medication        | Compliant | Documenting Statement: During the        |
| Administration                       |           | inspection, the requirements of the rule |
|                                      |           | regarding administering medication, foo  |
|                                      |           | supplements and medical foods were       |
|                                      |           |  |
|                                      |           | discussed.                               |

