



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 Little Buckeye Learning Center-Delaware | Program Number 2220025799 | Program Type Child Care Center |
| Address 664 W Central Avenue Delaware OH 43015 | | County DELAWARE |

| Inspection Information | | | |
|------------------------------|-------------------------------------|-----------------------------|----------------------------------|
| Inspection Type Complaint | | Inspection Scope Partial | Inspection Notice Unannounced |
| Reviewer(s) CRYSTAL LUSE | Inspection Day 12/01/2023 | Begin Time 9:25 AM | End Time 11:10 AM |
| Summary of Findings | | | |
| No. Rules Verified 12 | No. Rules with Non-compliances 4 | No. Serious Risk 0 | No. Moderate Risk 1 |
| | | No. Low Risk 4 | |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Infant | 0 to < 12 months | 2 to 8 | |
| Toddler | 18 months to < 30 months | 2 to 12 | |
| Preschool | 3 years to < 4 years | 1 to 7 | |
| PreK | 4 years to < 5 years | 1 to 11 | |



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:08 Staff Files

Rule: 5101:2-12-09 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.

Allegation: Complainant alleges that construction workers are present in the childcare program during normal hours of operation, which would require a completed background check.

Determination: Substantiated

Findings: In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in numbers 1-3 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.

Risk Level: Moderate

Corrective Action Plan Due: 01/03/2024

Domain:08 Staff Files

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

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

Allegation: Complainant alleges that construction workers are present in the childcare program during normal hours of operation, which would require the individual to create an employment record in the Ohio Professional Registry (OPR).

Determination: Substantiated

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

Risk Level: Low

Corrective Action Plan Due: 01/03/2024

Domain:08 Staff Files

Rule: 5101:2-12-08 Medical Statement

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

Allegation: Complainant alleges that construction workers are present in the childcare program during normal hours of operation, which would require an employee medical statement to be on file.

Determination: Substantiated

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.

Risk Level: Low

Corrective Action Plan Due: 01/03/2024



Serious Risk Non-Compliances

No Additional Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

No Additional Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances

Domain:02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Sanitary Equipment and Environment

Code: The program is required to provide a clean restroom with the appropriate materials available.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in number 4 below, were in the Preschool restroom:

1. There was no liquid soap.
2. There was no toilet paper.
3. There were no paper towels.
4. The toilet cleaning brush was accessible to the children.
5. The plunger was accessible to the children.
6. The toilet(s) were not flushed.
7. The trash was not emptied from the day before.
8. There was a strong urine odor.
9. Other [].

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.



Corrective Action Plan Due: 01/03/2024

Domain:02 Safe & Sanitary Environment

Rule: 5101:2-12-13 Sanitary Equipment and Environment

Code: The program is required to follow the cleaning schedule for equipment.

Findings: During the inspection, it was determined that the program was not providing a clean and healthy environment, furniture, materials and equipment as required by Appendix A, as noted in number 8 below:

1. Item(s) soiled with blood or bodily fluids were not cleaned/sanitized immediately.
2. Blankets/sheets were not cleaned weekly, when soiled, or before use by another child.
3. Children's individual blankets and belongings were stored in an unsanitary manner.
4. Bottles, bottle caps, nipples and other equipment used for bottle feeding were not cleaned and sanitized in a dishwasher or by washing, rinsing, and boiling for one minute.
5. Carpets were not vacuumed weekly or cleaned when soiled.
6. Changing table/pad was not sanitized after each use or cleaned when visibly soiled.
7. Reusable cloths were not being washed daily or when visibly soiled.
8. Cots/Pads/Mats were not cleaned and sanitized before assigning to a different child, when used by a sick child, when soiled or at least every three months (there was drywall dust on the cots in the Toddler room and they had not been cleaned).
9. Cribs were not cleaned and sanitized monthly, or when soiled, or before use by another child.
10. Diaper Receptables were not cleaned and sanitized daily or more frequently as needed to eliminate odor.
11. Dishes/Cups/Silverware were not cleaned and sanitized after each use.
12. Water Containers were not labeled with the child's name, or were not cleaned and sanitized before use again on another day.
13. Dividers were not cleaned when visibly soiled.
14. Dress up clothes and hats (dramatic play) were not cleaned monthly or when soiled.
15. Floors were not cleaned weekly or when soiled.
16. The food prep area, including sinks, were not cleaned before and after preparing food (including bottle preparation) or between preparing raw or cooked food.
17. Potty chairs were not cleaned after each use, rinsed with water, cleaned and sanitized or contents were not emptied into a toilet.
18. Food tables, highchair trays were not cleaned before and after each use.
19. Tables used for play were not cleaned when visibly soiled or sanitized daily.
20. Toilet bowls were not cleaned when visibly soiled or sanitized weekly.
21. Toilet seat(s), handle(s) and hand washing sink(s) were not cleaned when visibly soiled or sanitized daily.
22. Mouthed toys were not cleaned and sanitized after each child's use.
23. Toys, other than those mouthed by children, were not cleaned monthly or when visibly soiled.
24. Washable furniture, including fabrics on infant equipment, were not cleaned weekly or when soiled.
25. Upholstered furniture was not steam cleaned when soiled.
26. Slip covers were not washed at least every six months or when soiled.
27. Wastebaskets/rinse buckets, including lids, were not being emptied daily or cleaned and sanitized when visibly soiled.
28. The manufacturer's directions for the cleaning product were not followed.
29. The solution used for sanitizing was not a commercial product registered by the United States Environmental Protection Agency as a sanitizer.
30. Other [].

Furniture, materials and equipment must be maintained according to the cleaning and sanitizing schedule in Appendix A to this rule. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.



Corrective Action Plan Due: 01/03/2024