

# **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 <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 Details						
Program Name Little Tikes School of Academic Excellence LLC	Program Number 2240030814	Program Type Child Care Center				
Address 2631 Harvard Ave NW. Canton OH 44709		County STARK				

Inspection Information							
Inspection Type Complaint			Inspection Scope Partial		Inspection Notice Unannounced		
Reviewer(s) AQILA BROWN Inspection 09/02/202			Begin Time 11:00 AM		End Time 12:54 PM		
Summary of Findings							
No. Rules Verified	No. Rules with Non-co	ompliances No. Serious			No. Moderate Risk	No. Low Risk	
4	4		0		3	1	

Staff-Child Ratios at the Time of Inspection						
Group	Age Group/Range	Ratio Observed	Comment			
Infant /Toddler	0 to < 12 months	2 to 11				
Infant /Toddler	0 to < 12 months	1 to 6	Staff member took 6 children out of the classroom; the youngest child was under 12 months.			
Preschool /Pre K	3 years to < 4 years	1 to 11				
Preschool /Pre K	3 years to < 4 years	1 to 10				



# **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: Staff are using inappropriate guidance and management techniques.

Determination: Substantiated

Findings: During the inspection, it was determined that a Child Care Staff Member had used the inappropriate techniques in number 3 and 7 below when managing unacceptable behavior in children:

- 1. Utilize cruel, harsh, unusual, or extreme techniques;
- 2. Utilize any form of corporal punishment;
- 3. Delegate children to manage or discipline other children; A staff person stated that they allowed a preschool child's siblings who are school age, to manage the child's difficult behavior because the child would not take direction from staff.
- 4. Use physical restraints on a child;
- 5. Restrain a child by prone restraint or any means other than holding children for a short period of time, such as in a protective hug, so that the children may regain control;
- 6. Place children in a locked room or confine children in any enclosed area;
- 7. Confine children to equipment such as cribs or highchairs; A preschool age, autistic child was confined to an infant table seat with the buckle to the child's back, preventing them from getting out of the seat. The seat is meant for infant use.
- 8. Humiliate, threaten or frighten children;
- 9. Subject children to profane language or verbal abuse;
- 10. Make derogatory or sarcastic remarks about children or their families;
- 11. Punish children for failure to eat or sleep or for toileting accidents;
- 12. Withhold any food (including snacks and treats), rest or toilet use;
- 13. Punish an entire group of children due to the unacceptable behavior of one or a few;
- 14. Isolate and restrict children from all activities for an extended period of time.

Child Care Staff Members and other employees must always use appropriate guidance and management methods with children. 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: Moderate

Corrective Action Plan Due: 10/02/2025

## 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.

Allegation: The program is out of ratio.

**Determination: Substantiated** 



Findings: During the inspection, a ratio of 1 childcare staff members for 6 children was determined to have occurred for the infant/toddler (youngest child under 12 months old) group when the situation in number 15 below occurred:

- 1. A child care staff member stepped out of the room.
- 2. A child care staff member had not arrived at work on time.
- 3. Children were present who were not scheduled to be there.
- 4. A child care staff member was unable to work.
- 5. A child was injured in that group.
- 6. A child arrived in the group before a second staff member was scheduled to arrive with the group.
- 7. Two groups were combined, and the program did not follow the ratio for the youngest child in the group.
- 8. A child was transitioning to the next older age group, and the program did not follow the ratio for the youngest child in the group.
- 9. Ratio was doubled for more than two hours while children were napping.
- 10. Ratio was doubled while children were napping for a group that included at least one infant.
- 11. Ratio was doubled while children were napping and there were not enough staff members in the building to meet staff/child ratio.
- 12. Ratio was doubled in the school age group to allow access to the program, however, the program does not serve only school age children.
- 13. Both child care staff members did not have a working communication device when one staff member left the group to allow access to the school age only program.
- 14. The child care staff member did not return to the group after allowing access to the school age only program.
- 15. Other; A childcare staff person left the classroom with an infant under 12 months old and 5 toddlers to walk down the hall.

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: Moderate

Corrective Action Plan Due: 10/02/2025

# **Summary of Additional Non-Compliances**

Serious Risk Non-Compliances
No Additional Serious Risk Non-Compliances were observed during 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 person listed on the Employee Record Chart as noted in number 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 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 is no longer engaged in assigned duties and is 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: 10/02/2025

## Low Risk Non-Compliances

## 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: 10/02/2025