Department of Children & Youth

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 DELSHIRE ELEMENTARY	Program Number 000000201386	Program Type Child Care Center
Address 4402 GLENHAVEN ROAD CINCINNATI OH 45238		County HAMILTON

Inspection Information			
Inspection Type Complaint		Inspection Scope Partial	Inspection Notice Unannounced
Reviewer(s) ZIBUTE OSGOOD	Inspection Day 08/26/2025	Begin Time 7:45 AM	End Time 8:30 AM

Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
12	10	0	2	9

Staff-Child Ratios at the Time of Inspection			
Group	**Age Group/Range**	**Ratio Observed**	**Comment**
Before School Care	School-Age to < 11 years	2 to 10	Observed upon arrival

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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: 5180:2-12-18 Ratio
Code: The program is required to have a second employee present, and used based on the qualifications they meet, when seven or more children are present.

Allegation: There is only one childcare staff member on the premises when there are seven or more children in the building.

Determination: Substantiated

Findings: The allegation was substantiated. During the inspection, it was determined that during the previous week, the program did not have a second employee or Child Care Staff Member present when required. One child care staff member was on the premises with ten children in attendance. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Risk Level: Moderate

Corrective Action Plan Due: 10/08/2025

Domain:05 Health & Safety

Rule: 5180:2-12-16 First Aid/Standard Precautions
Code: The program is required to have the appropriate number of first aid kits for the program.

Allegation: Each floor does not have a complete first aid kit accessible.

Determination: Substantiated

Findings: The allegation was substantiated. During the inspection, it was determined that, during the previous week, the first aid supplies were not stored on each floor. 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: 10/08/2025

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.

Allegation: Medical statements are not on file for all child care staff members.

Determination: Substantiated

Findings: The allegation was substantiated. In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not have a medical statement on file. Submit the program's corrective action plan, which includes a copy of the completed employee medical statements, and TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Risk Level: Low

Corrective Action Plan Due: 10/08/2025

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.

Allegation: Not all child care staff members have the DCY 1176 form on file, as required.

Determination: Substantiated

Findings: The allegation was substantiated. 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 number 1, 2, 4 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: 10/08/2025

Domain:08 Staff Files

Rule: 5180:2-12-07 Administrator Qualifications
Code: The program is required to maintain a qualified administrator.

Allegation: The program does not have a named administrator on-site.

Determination: Substantiated

Findings: During the inspection, it was determined the program did not have a named administrator. It was stated that the named administrator resigned and there is no individual assigned to operate the program and maintain compliance. A new individual must be appointed and documentation of qualifications, as outlined in Appendix A of this rule, be submitted. To name a new administrator, an administrator amendment must be submitted through the licensing system, OCLQS. Submit the program's corrective action plan, which includes documents to support qualifications for the newly requested administrator, to the Department to verify compliance with the requirements of this rule.

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Risk Level: Low

Corrective Action Plan Due: 10/08/2025

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.

Allegation: Not all child care staff members have educational verification on file.

Determination: Substantiated

Findings: The allegation was substantiated. In review of staff records in the OPR, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not have verification of completion of a high school education nor did they have a file on-site. 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.

Risk Level: Low

Corrective Action Plan Due: 10/08/2025

Domain:09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records
Code: The program is required to have all children's records available.

Allegation: Copies of the completed DCY 01234 forms for each child are not stored in a location that is easily accessible.

Determination: Substantiated

Findings: The allegation was substantiated. During the inspection, it was determined that children's records were not available to review. There was no knowledge of the location of the records for the children enrolled. 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: 10/08/2025

Summary of Additional Non-Compliances

Serious Risk Non-Compliances

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

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Moderate Risk Non-Compliances

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

Low Risk Non-Compliances

Domain:01 Ratio & Supervision

Rule: 5180:2-12-18 Attendance Records
Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number 1 below:

1. There was no attendance record being maintained.
2. The attendance record was not being consistently completed.
3. The record did not include the name of at least one child.
4. The record did not include the birth date of at least one child.
5. The record did not include the assigned group.
6. The record did not include the child's weekly schedule.
7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.
8. The original attendance record was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 10/08/2025

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Domain:03 Postings & Equipment

Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan
Code: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency Plan" when necessary.

Findings: During the inspection, it was determined the requirements for the JFS 01242 “Medical, Dental, and General Emergency Plan for Child Care” were not followed as noted in number 1 below:

1. The plan was not posted.
2. The plan was not posted in other spaces used by children.
3. The name, address and telephone number of the program were not complete.
4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
5. The telephone number for emergency squad, fire department, hospital, poison control program, public children services agency, local health department, local emergency management agency, and police department were not complete.
6. Location of children’s records was not complete.
7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
8. The current version of the prescribed form was not used.
9. The plan was not implemented when necessary in that [ ].

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

Corrective Action Plan Due: 10/08/2025

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, 4, 7 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: 10/08/2025

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Domain:08 Staff Files

Rule: 5180:2-12-07 Administrator Responsibilities/Requirements
Code: The program is required to maintain documentation onsite at the program for each employee.

Findings: During the inspection, it was determined that required staff record documentation was not on file at the program, and was not verified in the OPR, for the employee(s) listed on the Employee Record Chart. The documentation was able to be verified as noted in number 2 below:

1. The information had been verified at the previous inspection.
2. The information was provided from another location during the inspection.

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

Corrective Action Plan Due: 10/08/2025