

## **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       |                 | Program Type        |
| GENESIS CHILDREN'S CENTER                     | 000000409477         |                 | Child Care Center   |
| Address 534 TAYLOR STREET ZANESVILLE OH 43701 |                      |                 | County<br>MUSKINGUM |
|   |                      |                 |                     |
| Building Approval Date                        | Use Group/Code       | Occupancy Limit | Maximum Under 2 ½   |
| Fire Inspection Approval Date 10/21/2024      | Food Service Risk Le | evel            | •                   |
|   |                      |                 |                     |

| Inspection Information        |                                |                  |                               |              |
|-------------------------------|--------------------------------|------------------|-------------------------------|--------------|
| Inspection Type<br>Follow-up  | Inspection<br>Full             | Scope            | Inspection Notice Unannounced |              |
| Inspection Date 04/08/2025    | Begin Time<br>9:30 AM          |                  | End Time<br>1:45 PM           |              |
| Inspection Date 04/08/2025    | Begin Time<br>9:30 AM          |                  | End Time<br>1:45 PM           |              |
| Reviewer:<br>Lakesha Williams |                                |                  |                               |              |
| Reviewer:<br>HEATHER WARES    |                                |                  |                               |              |
| Summary of Findings           |                                |                  |                               |              |
| No. Rules Verified            | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk             | No. Low Risk |
| 27                            | 2                              | 0                | 0                             | 2            |

| 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)                                 |                  | 36         | 0         | 36    |
| Young Toddler   |                  | 31         | 0         | 31    |
| Total Under 2 ½ Years                                     | 105              | 67         | 0         | 67    |
| Older Toddler   |                  | 12         | 0         | 12    |
| Preschool   |                  | 104        | 0         | 104   |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 391              | 116        | 0         | 183   |



| Staff-Child Ratios at the Time of Inspection |                          |                |         |
|--|--------------------------|----------------|---------|
| Group  | Age Group/Range          | Ratio Observed | Comment |
| Baby Cookies                                 | 0 to < 12 months         | 1 to 5         |         |
| Butterflies                                  | 0 to < 12 months         | 1 to 4         |         |
| Ladybugs 1                                   | 12 months to < 18 months | 2 to 9         |         |
| Caterpillars                                 | 12 months to < 18 months | 2 to 7         |         |
| Dolphins                                     | 4 years to < 5 years     | 1 to 12        |         |
| Frogs  | 3 years to < 4 years     | 1 to 8         |         |
| Penguins                                     | 4 years to < 5 years     | 1 to 11        |         |
| Rainbow Fish                                 | 3 years to < 4 years     | 1 to 7         |         |
| Turtles                                      | 4 years to < 5 years     | 1 to 10        |         |
| Lions  | 3 years to < 4 years     | 1 to 9         |         |
| Big Bird/Cookie Monster                      | 4 years to < 5 years     | 1 to 10        |         |
| Seahorse                                     | 3 years to < 4 years     | 1 to 10        |         |
| Bears  | 18 months to < 30 months | 1 to 7         |         |
| Kangaroos                                    | 30 months to < 36 months | 1 to 6         |         |
| Tigers                                       | 18 months to < 30 months | 2 to 12        |         |
| Monkeys                                      | 18 months to < 30 months | 1 to 6         |         |
| Giraffes                                     | 18 months to < 30 months | 1 to 7         |         |

## **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 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.

| 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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| Domain, OF Hoolth & Cofety   |
| Domain: 05 Health & Safety   |
| Rule: 5180:2-12-22 Meal and Snack Requirements   |
| <u>Code</u> : The program is required to refrain from using televisions, computers, and other screens during meals and |
| snacks.  |
| SildCKS.   |
|  |
| Finding: During the inspection it was determined that [television/computer/other] were on during meals and             |
| snacks. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule    |
| noncompliance. A written response for this rule noncompliance is not required at this time.                            |
| noncompliance. A written response for this rule noncompliance is not required at this time.                            |
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## Domain: 09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records

 $\underline{\text{Code}}$ : The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care".

<u>Finding</u>: In review of 25% of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 9, 10, below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information



- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

## Rules In-Compliance/Not Verified

|   |              | 5                                       |
|---|--------------|---|
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-16 Written Disaster Plan          | Compliant    |   |
|   |              |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted                 | Not Verified |   |
|   |              |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department Inspection | Not Verified |   |
|   |              |   |
| Rule  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information            | Not Verified |   |
|   |              |   |
| Rule  | Status       | Documenting Statement(s), If applicable |



| 5180:2-12-03 Inspection  | Not Verified           |  |
|--|------------------------|--|
| Requirements   |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-04 Fire Inspection   | Compliant              | Documenting Statement: Although the program had documentation of a current fire inspection without any uncorrected violations at the time of the licensing inspection, the program did not have the fire inspection completed within 12 months from the date of the last fire inspection without any uncorrected violations. Please ensure that fire inspections are completed in accordance with the rule requirements. |
| Pula   | Ctatus                 | Decumenting Statements   If applicable   |
| Rule 5180:2-12-04 Food Service   | Status<br>Not Verified | Documenting Statement(s), If applicable  |
| Requirements   | Not verified           |  |
| Tradam amanta  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-05 Denial, Revocation and  | Not Verified           |  |
| Suspension   |                        |  |
|  |                        | D (1) If It I  |
| Rule 5180:2-12-07 Administrator  | Status<br>Not Verified | Documenting Statement(s), If applicable  |
| Qualifications   | Not verified           |  |
| Qualification is   |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator   | Not Verified           |  |
| Responsibilities/Requirements  |                        |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Written Program   | Not Verified           |  |
| Policies and Procedures  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Medical Statement   | Compliant              | bocumenting statement(s), if applicable  |
|  |                        |  |
|  |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Child Care Staff Member   | Not Verified           |  |
| Educational Requirements   |                        |  |
| Rule   | Status                 | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Orientation Training &  | Not Verified           | Documenting Statement(s), if applicable  |
| Whistle Blower Protection  | , tot vermed           |  |
| (4.50) 40) 40 (4.50) 10 (4 | I.                     |  |



| Rule                                 | Status    | Documenting Statement(s), If applicable    |
|--------------------------------------|-----------|--|
| 5180:2-12-09 Background Check        | Compliant | bocumenting statement(s), it applicable    |
| Requirements                         | Compilant |  |
| requirements                         | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-10 Health Training         | Compliant | Documenting Statement(s), it applicable    |
| Requirements                         | Compliant |  |
| Requirements                         |           |  |
| Rule                                 | Status    | Decumenting Statement(s) If applicable     |
| 5180:2-12-10 Professional            | Compliant | Documenting Statement(s), If applicable    |
| Development Requirements             | Compliant |  |
| Development Requirements             |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | Documenting Statement(S), it applicable    |
| 3180.2-12-11 Outdoor Flay Fair Zones | Compliant |  |
|                                      | l .       |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-11 Indoor Space            | Compliant | (-),                                       |
| Requirements                         |           |  |
|                                      | I.        |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-11 Separation of Children  | Compliant |  |
| Under 2 1/2 Years                    |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-11 Outdoor Space           | Compliant |  |
| Requirements                         |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| Rule: 5180:2-12-11 Outdoor Play      | Compliant | Documenting Statement: Outdoor             |
| Equipment                            |           | equipment was viewed blocked off.          |
|                                      |           | Program indicated that playground          |
|                                      |           | equipment is not in use and closed off for |
|                                      |           | repairs.                                   |
|                                      |           |  |
|                                      | 8         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-12 Safe Equipment          | Compliant |  |
|                                      |           |  |
| -                                    |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-12 Safe Environment        | Compliant |  |
| L                                    |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5180:2-12-13 Sanitary Equipment and  | Compliant |  |
| Environment                          |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |



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|---------------------------------------|--------------|---|
| 5180:2-12-13 Handwashing              | Compliant    |   |
| Requirements                          |              |   |
|                                       |              | <del></del>                             |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
|                                       |              | Documenting Statement(s), if applicable |
| 5180:2-12-13 Smoke Free               | Not Verified |   |
| Environment                           |              |   |
| 2                                     |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Driver  | Not Verified |   |
| Requirements                          | 1100 Vermed  |   |
| Requirements                          |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field | Not Verified |   |
| Trip Procedures                       |              |   |
|                                       | <b>1</b>     | · .                                     |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Vehicle | Not Verified | Bodamenting statement(3), it applicable |
|                                       | Not verified |   |
| Requirements                          |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care    | Compliant    |   |
| Plans                                 | .1           |   |
| Tidilo                                |              |   |
| P. L.                                 |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and     | Not Verified |   |
| General Emergency Plan                |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills         | Not Verified | 0 (7)                                   |
| 310012 12 10 Emergency Brins          | 1100 Vermeu  |   |
| L                                     |              |   |
| D. L.                                 | 6            | D (2 C) (1) 15 15 15 15                 |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury          | Not Verified |   |
| Reporting                             |              |   |
|                                       | 25-          |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-16 First Aid/Standard       | Not Verified |   |
| Precautions                           |              |   |
| 1 recautions                          |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-16 Management of            | Not Verified |   |
| Communicable Disease                  |              |   |
|                                       | ı            |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
|                                       |              | Documenting statement(s), if applicable |
| 5180:2-12-17 Materials and            | Not Verified |   |
| Equipment                             |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity         | Not Verified |   |
| 3 10012 12 10 License capacity        | 1.00 vermen  |   |



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| Rule   | Status  | Documenting Statement(s), If applicable  |
| Rule: 5180:2-12-18 Ratio   | Compliant   | Documenting Statement: Staff/child   |
|  |   | ratios observed during the inspection  |
|  |   | were in compliance.  |
|  |   | Stockhold State Stock Stockhold (Page Stockhold Stockhol |
|  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Daily Schedule  | Not Verified  | 0 (7)  |
| and the same of th |   |  |
|  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-17 Daily Outdoor Play  | Compliant   |  |
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| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-18 Group Size  | Compliant   | 3 (2)  |
|  |   |  |
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| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-18 Attendance Records  | Compliant   |  |
|  |   |  |
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| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-20 Cots and Napping  | Not Verified  |  |
|  |   |  |
|  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-19 Child Guidance  | Compliant   |  |
| Sporting in the property of the common of th | Stratistic Council and a Particle Revision Republic Co. |  |
|  | *   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-19 Supervision   | Compliant   |  |
|  | 1   |  |
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| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-22 Fluid Milk Requirements   | Not Verified  |  |
| <u>'</u>   |   |  |
|  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-20 Cribs   | Not Verified  |  |
|  |   |  |
|  | 20  |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-12-21 Evening and Overnight   | Not Verified  |  |
| Care   |   |  |
| (companies construction)   | l .   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
|  | Julius  | booth chang statement(s); if applicable  |



| 5180:2-12-22 Safe Food              | Compliant    |   |
|-------------------------------------|--------------|---|
| Handling/Storage                    |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care      | Not Verified |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Bottle and Food | Not Verified |   |
| Preparation                         |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet   | Not Verified |   |
| Training                            |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-24 Swimming and Water     | Not Verified |   |
| Safety Requirements                 |              |   |
|                                     | **           |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication             | Compliant    |   |
| Administration                      |              |   |
|                                     |              |   |
|                                     |              |   |