

# Family Child Care 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 Details    |                |                   |
|--------------------|----------------|-------------------|
| Program Name       | Program Number | Program Type      |
| GREENHILL, ANGIE   | 00000910352672 | FCC - Type B Home |
| Address            |                | County            |
| 7645 OLD RIVER RD. |                | MUSKINGUM         |
|                    |                |                   |
| PHILO              |                |                   |
| OH 43771           |                |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection So                  | соре             | Inspection Notice |              |  |
| Compliance          | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 02/27/2024          | 9:00 AM                        |                  | 9:37 AM           |              |  |
| Reviewer:           |                                |                  |                   |              |  |
| Angie Smith         |                                |                  |                   |              |  |
| Summary of Findings |                                |                  |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                  | 2                              | 0                | 0                 | 2            |  |

| Lic                       | 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) |   | 4          | 0         | 4     |
| Young Toddler             |   | 0          | 0         | 0     |
| Total Under 2 Years       | 3   | 4          | 0         | 4     |
| Older Toddler             |   | 2          | 0         | 2     |
| Preschool                 |   | 6          | 0         | 6     |
| School Age                |   | 0          | 0         | 0     |
| Total Capacity/Enrollment | 6   | 8          | 0         | 12    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Angie Greenhill                              | Mixed Age Group | 1 to 3 |  |



#### **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

**Moderate Risk Non-Compliances** 

No Moderate Risk Non-Compliances were observed during this inspection

#### Low Risk Non-Compliances

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.



Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well being. During the inspection, it was determined that children were not protected from the following items which may threaten their health, safety, or well being as noted in the following number 22 below:

- 1. Surge protectors/outlets did not have childproof receptacle covers.
- 2. Open pull cords that are not closed loop.

3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.

- 4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
- 5. Stacked chairs.
- 6. Telephone cords.
- 7. Employee(s) purse(s).
- 8. Diaper bags.
- 9. Television not securely anchored.
- 10. Small or lightweight pieces of shelving units are not securely anchored to the wall.
- 11. Staff member stepped over a barrier/gate while holding a child.
- 12. Chipping or peeling paint.
- 13. An area rug did not have a nonskid backing.
- 14. An area rug presented a tripping hazard.
- 15. A floor surface was unsafe in that [].
- 16. No platform was provided for the sink or toilet.
- 17. The platform provided for the sink or toilet was not sturdy.
- 18. The platform provided for the sink or toilet posed a safety hazard in that [ ].
- 19. Emergency exits were blocked by the following furniture in that [].
- 20. A mercury thermometer was being used to take a child's temperature.
- 21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.

22. Other, there were two drawers in the restroom that contained skin cleansing solution, glycolic acid pads, Gold Bond Powder and spray sun screen that was accessible to children.

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

Corrective Action Plan Due: 03/28/2024

## Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 2 below:

1. No medical was on file for at least one child

- 2. Medicals on file was not updated every 13 months
- 3. Medical(s) were missing child's name and date of birth



4. Medical(s) were missing the date of the medical examination 5. The date of the exam was more than 13 months prior to the date the form was signed 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule 10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions 11. Other [] Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule. Corrective Action Plan Due: 03/28/2024

# **Rules In-Compliance/Not Verified**

|                                   | 1 -       |   |
|-----------------------------------|-----------|---|
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible      | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary  | Compliant |   |
| Closure                           |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location   | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           | ·                                       |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant |   |
|                                   |           |   |



| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| 5101:2-13-02 Provider Medical         | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       | -         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection               | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements    | Compliant | bocumenting statement(s), it applicable |
| for Type B Homes                      | compliant |   |
| Tor Type B Homes                      |           |   |
|                                       | •         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B   | Compliant |   |
| Homes                                 |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and            | Compliant |   |
| Combustible Materials in a Type B     |           |   |
| Home                                  |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B      | Compliant |   |
| Home                                  |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and  | Compliant | Documenting statement(s), if applicable |
|                                       | Compliant |   |
| Suspension                            |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records            | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       |           |   |
| Dula                                  | Chatura   |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements    | Compliant |   |
|                                       |           |   |



| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-08 Whistle Blower        | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    | _         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
|                                    |           | Documenting statement(s), if applicable |
| 5101:2-13-10 Health Training       | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional          | Compliant |   |
| Development                        |           |   |
| Development                        |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space         | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    | _         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone             | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment        | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(c) If applicable  |
| 5101:2-13-13 Clean environment and |           | Documenting Statement(s), If applicable |
|                                    | Compliant |   |
| equipment                          |           |   |
|                                    |           | I                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing           | Compliant |   |
| 2101.2-13-13 Halluwashiilg         |           |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|--------------------------------------|-----------|--|
| 5101:2-13-13 Smoke Free              | Compliant |  |
| 5101.2 15 15 Shoke free              | compliant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing           | Compliant |  |
| 5101.2-15-15 Toothistushing          | Compliant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Requirements for Field  | Compliant |  |
| and Routine Trips                    | compliant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Ratio and Supervision   | Compliant |  |
| for Field and Routine Trips          |           |  |
|                                      |           |  |
| ·                                    | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Driver Requirements     | Compliant | becamenting statement(s), in applicable  |
| 5101.2-15-14 Driver Requirements     | Compliant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Inspections     | Compliant | Documenting statement(s), in applicable  |
| 5101.2-15-14 Venicle inspections     | Compliant |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Requirements    | Compliant | becamenting statement(s), in applicable  |
| 5101.2-15-14 Venicle Requirements    | compliant |  |
|                                      |           |  |
| L                                    | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Health Conditions       | Compliant |  |
|                                      |           |  |
|                                      |           |  |
| ·                                    | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention | Compliant | bootimenting statement(s), it applicable |
| and Confidentiality                  |           |  |
|                                      |           |  |
| L                                    | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Medical, Dental, and    | Compliant | bootamenting statement(s), it applicable |
|                                      |           |  |
| General Emergency Plan               |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| Naic                                 |           |  |



| 5101:2-13-16 Emergency Drills       | Compliant |   |
|-------------------------------------|-----------|---|
|                                     | -         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant |   |
| Precautions                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases  | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant |   |
|                                     |           |   |
|                                     | l         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency              | Compliant |   |
| Preparedness and Response Plan      |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant |   |
|                                     | compliant |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           |   |



| 5101:2-13-20 Crib and Playpen<br>Requirements | Compliant |   |
|---|-----------|---|
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight            | Compliant |   |
| Care  |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment             | Compliant |   |
| and Hygiene                                   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks                 | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                       | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling                    | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care                | Compliant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food           | Compliant |   |
| Preparation                                   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                        | Compliant | soounenting statement(s), ir applicable |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for            | Compliant | boounchaing statement(s), if applicable |
| Swimming                                      |           |   |
|   |           |   |
| Dula  | Chathar   |   |
| Rule  | Status    | Documenting Statement(s), If applicable |



| 5101:2-13-25 Medication                | Compliant           |   |
|--|---------------------|---|
| Requirements                           | Compliant           |   |
| Requirements                           |                     |   |
|  | •                   |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant           |   |
| 5101.2-15-18 Group Size and Natios     | Compliant           |   |
|  |                     |   |
|  | ·                   | · · ·                                   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and         | Compliant           |   |
| Procedures                             |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s) If applicable  |
| 5101:2-13-12 Carbon Monoxide           | Status<br>Compliant | Documenting Statement(s), If applicable |
| Detectors - Type B Only                | Compliant           |   |
| Detectors Type Domy                    |                     |   |
|  |                     | · · · · ·                               |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff          | Compliant           |   |
| Requirements                           |                     |   |
|  |                     |   |
| Rule                                   | Status              | Decumenting Statement/s) If applicable  |
| 5101:2-13-11 Indoor Space              | Status<br>Compliant | Documenting Statement(s), If applicable |
|  | Compliant           |   |
|  |                     |   |
|  | •                   |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming               | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools             | Compliant           | Documenting statement(s), if applicable |
|  |                     |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                      | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites            | Compliant           | Documenting statement(s), if applicable |
| 2101.2-12-24 3MIIIIIIIIR SILES         | Compliant           |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-17 Materials and Equipment | Compliant |   |
|                                      |           |   |