## **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      |
| GRECO, PAMELA           | 00000984865225 | FCC - Type B Home |
| Address                 |                | County            |
| 70061 HOMELAND MANOR RD |                | BELMONT           |
|                         |                |                   |
| BRIDGEPORT              |                |                   |
| OH 43912                |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 08/12/2022             | 10:00 AM                       |                  | 2:46 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Erin Greenwood         |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 0                              | 0                | 0                 | 0            |

| 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)                                  |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 5          | 0         | 5     |
| Total Capacity/Enrollment                                 | 6                | 5          | 0         | 5     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Pam's childcare                              | Mixed Age Group | 1 to 3         |         |



## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-13-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| 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  |
| No Low Risk Non-Compliances were observed during this inspection      |
|   |
|   |



|   | Rules In-Compliance/Not V | /erified                                  |
|---|---------------------------|---|
|   |                           |   |
|   |                           |   |
| 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                 |   |
|   |                           |   |
|   | La                        | 10 11 11 11                               |
| Rule 5101:2-13-02 Provider Medical      | Status                    | Documenting Statement(s), If applicable   |
| 3101.2-13-02 Provider iviedical         | Compliant                 |   |
|   |                           |   |
| D. J.                                   | Ctatura                   | Day on the Chater and Alex If a mile also |
| Rule 5101:2-13-03 Inspection            | Status<br>Compliant       | Documenting Statement(s), If applicable   |
| Requirements                            | Compliant                 |   |
|   |                           |   |
| Pulo                                    | Status                    | Decumenting Statement/s) If applicable    |
| Rule 5101:2-13-04 Building Requirements | Status<br>Compliant       | Documenting Statement(s), If applicable   |
| for Type B Homes                        | Compilation               |   |
|   |                           |   |
| Rule                                    | Status                    | Documenting Statement(s), If applicable   |
| 5101:2-13-04 Fire Safety for Type B     | Compliant                 | Bocumenting Statement(3), II applicable   |
| Homes                                   | - Compilation             |   |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-04 Flammable and           | Compliant |   |
| Combustible Materials in a Type B    |           |   |
| Home                                 |           |   |
| Home                                 | <u> </u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B     | Compliant | bocamenting statement(s), it applicable |
| Home                                 | Compilant |   |
| Tiome                                |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and | Compliant | -                                       |
| Suspension                           | ·         |   |
| ,                                    |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records           | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements   | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Decumenting Statement(s) If applicable  |
| 5101:2-13-08 Child Care Staff        | Compliant | Documenting Statement(s), If applicable |
| Requirements                         | Compliant |   |
| Requirements                         |           |   |
|                                      | l         |   |
| 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 |
| 5101:2-13-10 Health Training         | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Dul                                  | Chahar    |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional            | Compliant |   |
| 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 | bocamenting statement(3), ii applicable    |
| 3101.2 13 12 Juic Equipment         | Compilant |  |
|                                     |           |  |
|                                     | •         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-12 Safe Environment       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-13 Clean environment and  | Compliant |  |
| equipment                           |           |  |
|                                     |           |  |
| P. J.                               | Chahara   | Decree with a Chatana anti-) If a mile his |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-13 Handwashing            | Compliant |  |
|                                     |           |  |
| <u> </u>                            | ı         | ı  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-13 Smoke Free             | Compliant | = = = = = = = = = = = = = = = = = = =      |
|                                     |           |  |
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|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-13 Toothbrushing          | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-14 Requirements for Field | Compliant |  |
| and Routine Trips                   |           |  |
|                                     | I         |  |
| Rule                                | Status    | Documenting Statement(s) If applicable     |
| nule                                | Status    | Documenting Statement(s), If applicable    |

| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant          |   |
|--|--------------------|---|
| Rule   | Status             | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Driver Requirements                               | Compliant          | Documenting Statement(s), if applicable   |
| Rule   | Status             | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Vehicle Inspections                               | Compliant          | Documenting Statement(s), if applicable   |
| Dula   | Chahara            | Decumenting Statement (a) If a multiplies |
| Sule 5101:2-13-14 Vehicle Requirements                         | Compliant          | Documenting Statement(s), If applicable   |
| Rule   | Status             | Documenting Statement(s), If applicable   |
| 5101:2-13-15 Child Medical and<br>Enrollment Records           | Compliant          | bocumenting statement(s), it applicable   |
| D.J.   | Ctatura            | Decision Chahaman Mah If a militaria      |
| Sule 5101:2-13-15 Health Conditions                            | Compliant          | Documenting Statement(s), If applicable   |
| Rule   | Status             | Documenting Statement(s), If applicable   |
| 5101:2-13-15 Child Records Retention and Confidentiality       | Compliant          | bocumenting statement(s), if applicable   |
|  |                    |   |
| Rule 5101:2-13-16 Medical, Dental, and General Emergency Plan  | Status Compliant   | Documenting Statement(s), If applicable   |
| Pulo   | Charling           | Decumenting Statement/s) If applicable    |
| Rule 5101:2-13-16 Emergency Drills                             | Status   Compliant | Documenting Statement(s), If applicable   |
|  |                    |   |
| Rule 5101:2-13-16 First Aid Kit/Standard Precautions           | Status   Compliant | Documenting Statement(s), If applicable   |
| Rule   | Status             | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Communicable Diseases                             | Compliant          | Documenting Statement(s), it applicable   |

| Rule                                | Status      | Documenting Statement(s), If applicable |
|-------------------------------------|-------------|---|
| 5101:2-13-16 Incident/Injury        | Compliant   |   |
| . , ,                               |             |   |
|                                     |             |   |
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| Rule                                | Ctatus      | Desumenting Statement(s) If applicable  |
|                                     | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     | 1           | 1                                       |
| Rule                                | Status      | Documenting Statement(s), If applicable |
|                                     |             | bocumenting statement(3), it applicable |
| 5101:2-13-19 Supervision            | 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   |   |
| 3101.2 13 13 cilila Galdanec        | Compilation |   |
|                                     |             |   |
|                                     | 1           |   |
| D. I.                               |             | D '' C' 1 1/ \ I   I   I                |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant   |   |
| Requirements                        |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant   |   |
| Care                                |             |   |
|                                     |             |   |
|                                     | 1           |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
|                                     |             | Documenting Statement(s), it 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   |   |
|                                     |             |   |
|                                     | •           | <u> </u>                                |

| Beginning!                              |           |   |
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| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                 | Compliant | <u> </u>                                |
| 3101.2 13 22 Hala Willix                | Compilant |   |
|   |           |   |
|   |           | I                                       |
| Rule                                    | Ctatus    | Decumenting Statement(s) If applicable  |
|   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling              | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| 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 |   |
| 3101.2 13 16 Group 3/2C and Natios      | Compilant |   |
|   |           |   |
|   |           |   |
| D.I.                                    | CL I      | D '' C' ' '/ \ ' ' ' ' ' ' ' '          |
| 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            | Compliant |   |
| Detectors - Type B Only                 |           |   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space               | Compliant |   |
| 3101.2-13-11 md001 3pace                | Compliant |   |
|   |           |   |
|   |           |   |
| 0.1                                     | CL I      |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming                | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                       | Compliant |   |
|   |           |   |
|   |           |   |
|   | I         |   |
| Rule                                    | Status    | Documenting Statement(s) If applicable  |
|   |           | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and              | Compliant |   |
| Equipment                               |           |   |
|   |           |   |

