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 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 | Program Number | | Program Type | |
| NIKKI'S FAMILY CHILDCARE & PRESCHOOL | 000000107042 | | FCC - Type A Home | |
| Address | | | County | |
| 147 ELM STREET | | | TUSCARAWAS | |
| | | | | |
| GNADENHUTTEN | | | | |
| OH 44629 | | | | |
| Building and Fire Approvals apply to Type A Family Chil | d Care Homes only | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 12/05/2008 | | | | |
| Fire Inspection Approval Date | | | | |
| 01/06/2021 | | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection S | cope | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 10/05/2021 | 7:45 AM | | 10:30 AM | |
| Reviewer: | | | | |
| Lenore Septer | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 79 | 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 | 12 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 11 | 0 | 11 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 12 | 11 | 0 | 11 |

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|--|---------|--|--|
| Group | Group Age Group/Range Ratio Observed Comment | | | |
| Nikki Wells | Mixed Age Group | 2 to 11 | | |



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.

| Submitted within seven days from the receipt of the licensing report. | | |
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| 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 | | |
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Rules In-Compliance/Not Verified Rule Documenting Statement(s), If applicable Status 5101:2-13-02 License Posted Compliant Documenting Statement(s), If applicable Rule Status 5101:2-13-15 JFS 01234 'Child Compliant Enrollment and Health Information' Documenting Statement(s), If applicable Rule Status 5101:2-13-16 Disaster Plan Compliant Documenting Statement(s), If applicable Rule Status Compliant 5101:2-13-18 Ratio and Group Size Rule Status Documenting Statement(s), If applicable 5101:2-13-18 Ratio and Group Size Compliant Documenting Statement(s), If applicable Rule Status 5101:2-13-07 Provider Requirements Compliant Rule Documenting Statement(s), If applicable Status 5101:2-13-11 Indoor Space Compliant Documenting Statement(s), If applicable Rule Status 5101:2-13-08 Child Care Staff Compliant Requirements

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|--|
| 5101:2-13-25 Topical Products and | Compliant | 3 (" 11 |
| Lotions | · | |
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| 2.1 | | 2 (1/) (1 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Inspection for Type | Compliant | |
| A Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Napping | Compliant | Bootimenting statement(s)) if applicable |
| Requirements for a Licensed Family | | |
| Child Care Provider | | |
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| 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 |
| 5101:2-13-16 Standard Precautions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and | Compliant | bocumenting statement(3), if applicable |
| Procedures | 25 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Staff Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Inspections for | Compliant | |
| Type A Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
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| Distr | Chahara | Decree of the Chateman (1) (5) |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
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| Dula | Chatana | December Chair 1/ \ 16 11 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
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| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | Documenting Statement(s), If applicable |
| General Emergency Requirements | Соттриант | |
| Seneral Emergency Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage | Compliant | bocumenting statement(s), if applicable |
| 2101.2-13-23 Medication Storage | Соттрпані | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | Documenting Statement(s), if applicable |
| Equipment | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and | Compliant | Documenting Statement(3), ii applicable |
| Equipment | 23 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | Dodamenting Statement(3), ii applicable |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-25 Medication Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider Portal | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | Documenting Statement(s), if applicable |
| Dula | Chahara | December Chalance and a life and back to |
| Rule 5101:2-13-16 Serious Incident | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| S101:2-13-10 Professional Development | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child's Medical | Compliant | bocumenting statement(s), ii applicasie |
| Dula | Chahara | December 2 Chates and a life and leading |
| Rule 5101:2-13-22 Meals and Snacks | Status Compliant | Documenting Statement(s), If applicable |
| D.J. | Chahara | |
| Rule 5101:2-13-08 Substitute Requirements | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-08 Substitute Requirements | Status Compliant | Documenting Statement(s), If applicable |
| Dula | Chabina | Decree ording Chate world \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Rule 5101:2-13-15 Health Conditions | Status Compliant | Documenting Statement(s), If applicable |
| P. J. | Chahara | December 56-by 100 ft 15 ft |
| Rule 5101:2-13-02 Information in OCLQS | Status Compliant | Documenting Statement(s), If applicable |

| Designation. | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | Documenting Statement(s), it applicable |
| 3101.2-13-11 Outdoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | Bocamenting Statement(3), it applicable |
| 3101.2 13 03 Background checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | 0 (7) |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | bocumenting statement(s), if applicable |
| Requirements | Compliant | |
| Requirements | | |
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