



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 All Nestled Inn FCC | Program Number 2200022001 | Program Type FCC - Type A Home | |
| Address 142 Township Road 158, Chesapeake OH 45619 | | County LAWRENCE | |
| <i>Building and Fire Approvals apply to Type A Family Child Care Homes only</i> | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 06/15/2021 | | | |

| Inspection Information | | |
|-------------------------------|--------------------------|--------------------------------|
| Inspection Type Compliance | Inspection Scope Full | Inspection Notice Announced |
| Inspection Date 10/27/2021 | Begin Time 10:09 AM | End Time 12:30 PM |
| Reviewer: Joanne Watts | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 79 | No. Rules with Non-compliances 2 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 2 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | Total |
| | Totals | Full Time | Part Time | |
| Infant (Birth to < 18 m) | | 2 | 0 | 2 |
| Young Toddler | | 3 | 0 | 3 |
| Total Under 2 Years | 12 | 5 | 0 | 5 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 4 | 0 | 4 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 12 | 4 | 0 | 9 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| All Nestled Inn | Mixed Age Group | 2 to 8 | |



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

[Empty shaded box for serious risk non-compliance details]

[Empty box for serious risk non-compliance details]

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

[Empty shaded box for moderate risk non-compliance details]

[Empty box for moderate risk non-compliance details]

Low Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child's Medical

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(s) #2 below:

1. No medical was on file for at least one child
2. Medical(s) 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. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
6. 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
7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
8. 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
9. 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
10. Other []

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

Corrective Action Plan Due: 11/26/2021

Domain: 09 Children's Files

Rule: 5101:2-13-15 JFS 01234 'Child Enrollment and Health Information'

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review 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) #13 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 parent information
4. Complete emergency contact information
5. Complete physician information
6. Information regarding the parent list
7. Health information
8. Additional information for all boxes checked "yes"
9. Emergency transportation information
10. Parent/guardian's signature
11. Diapering Statement
12. Acknowledgement of Policies and Procedures



- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
 - 14. Enrollment form for at least one child was not signed by the administrator
 - 15. Other []
- Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/26/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-14 Driver Requirements | Compliant | |
| 5101:2-13-21 Evening and Overnight Care | Compliant | |
| 5101:2-13-02 License Posted | Compliant | |
| 5101:2-13-23 Infant Daily Care | Compliant | |
| 5101:2-13-16 Disaster Plan | Compliant | |
| 5101:2-13-18 Ratio and Group Size | Compliant | |
| 5101:2-13-18 Ratio and Group Size | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-07 Provider Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and Lotions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Inspection for Type A Homes | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-24 Parent Permission for Swimming | Compliant | |
| 5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider | Compliant | |
| 5101:2-13-13 Smoke Free | Compliant | |
| 5101:2-13-08 Employee Requirements | Compliant | |
| 5101:2-13-16 Standard Precautions | Compliant | |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| 5101:2-13-02 JFS 00598 'Owner's Authorized Representative/Partnership Form for Child Care' | Compliant | |
| 5101:2-13-08 Review Policies and Procedures | Compliant | |
| 5101:2-13-02 Voluntary Temporary Closure | Compliant | |
| 5101:2-13-22 Fluid Milk | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
| 5101:2-13-11 Fall Zone | Compliant | |
| 5101:2-13-08 Staff Records | Compliant | |
| 5101:2-13-16 Incident/Injury | Compliant | |
| 5101:2-13-04 Building Inspections for Type A Homes | Compliant | |
| 5101:2-13-23 Diapering | Compliant | |
| 5101:2-13-12 Pets | Compliant | |
| 5101:2-13-24 Swimming Sites | Compliant | |
| 5101:2-13-22 Food Handling | Compliant | |
| 5101:2-13-12 Safe Environment | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-11 Outdoor Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B Home | Compliant | |
| Rule | 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 |
| 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-13 Toothbrushing | Compliant | |
| 5101:2-13-17 Materials and Equipment | Compliant | |
| 5101:2-13-19 Supervision | Compliant | |
| 5101:2-13-13 Clean Environment and Equipment | Compliant | |
| 5101:2-13-16 Communicable Diseases | Compliant | |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | |
| 5101:2-13-25 Medication Requirements | Compliant | |
| 5101:2-13-02 Information in Provider Portal | Compliant | |
| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant | |
| 5101:2-13-08 Whistle Blower | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



| | | |
|---------------------------------------|---------------|--|
| 5101:2-13-16 Serious Incident | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-09 Background Checks | Compliant | |
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| 5101:2-13-09 Background Checks | Compliant | |
| 5101:2-13-18 Attendance | Compliant | |
| 5101:2-13-02 Change of Location | Compliant | |
| 5101:2-13-07 Provider Requirements | Compliant | |
| 5101:2-13-03 Inspection Requirements | Compliant | |
| 5101:2-13-14 Vehicle Inspections | Compliant | |