

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 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 Det | ails | |
|-------------------------------|---------------------|-----------------|-------------------|
| Program Name | Program Number | | Program Type |
| The Nest Schools Powell | 000000410786 | | Child Care Center |
| Address | | | County |
| 6055 GLICK RD POWELL | | | DELAWARE |
| OH 43065 | | | |
| | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk L | evel | |
| 06/09/2022 | | | |

| Inspection Information | | | | | |
|--|--------------------|---------------|-------------------|-------------------|--------------|
| Inspection Type | | Inspection So | cope | Inspection Notice | |
| Amendment - chang | ge of capacity | Partial | | Unannounced | |
| Inspection Date Begin Time 12 09/07/2023 | | 1:50 AM | End Time 12:35 PM | | |
| Reviewer: SARENA POWHIDA | | | | | |
| | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non | -compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 3 | 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 ½ Years | 60 | 0 | 0 | 0 | |
| Older Toddler | | 0 | 0 | 0 | |
| Preschool | | 0 | 0 | 0 | |
| School Age | | 0 | 0 | 0 | |
| Total Capacity/Enrollment | 150 | 0 | 0 | 0 | |

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|--|--|--|--|
| Group Age Group/Range Ratio Observed Comment | | | | |

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 |
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| 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 |



| | Section 2 |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|------------------------|---|
| 5101:2-12-02 License Posted | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Not Verified | Documental gottes mention, mappingus in |
| | | |
| Rule | Ctatus | Decumenting Statement(s) If anyther his |
| | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection Requirements | Not verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Not Verified | |
| Inspection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Not Verified | Documenting Statement(s), it applicable |
| 3101.2-12-04 Fire hispection | Not vermed | |
| | _ | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | Documenting statement(3), it applicable |
| Suspension | 1400 VCIIIICA | |
| - Caspension | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|--------------|---|
| 5101:2-12-07 Administrator | Not Verified | , , , , , , , , , , , , , , , , , , , |
| Qualifications | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Administrator | Not Verified | |
| Responsibilities/Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not Verified | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Orientation Training & | Not Verified | , |
| Whistle Blower Protection | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | |
| Development Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Not Verified | bocumenting statement(s), if applicable |
| Requirements | Not vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children | Not Verified | , , , , , , , , , , , , , , , , , , , |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Not Verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
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|---|--------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Equipment | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-12 Safe Environment | Compliant | Documenting Statement: During the |
| Rule. 3101.2-12-12 Sale Lilvilolillelit | Compilant | _ |
| | | inspection, the requirements of the rule |
| | | regarding safe environment were |
| | | discussed (outlet covers). |
| | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Not Verified | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | Bootimenting ottatement(s), it applicable |
| _ | Not verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free | Not Verified | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | |
| Requirements | | |
| nequirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 1 1 | | bocumenting statement(s), if applicable |
| 5101:2-12-14 Transportation and Field | Not Verified | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Not Verified | |
| Requirements | | |
| · · | 1 | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Not Verified | |
| • | Not verified | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-15 Child Medical and | Not Verified | |
| Enrollment Records | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
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| Beginning! | <u> </u> | |
|-------------------------------------|------------------------|---|
| 5101:2-12-15 Medical/Physical Care | Not Verified | |
| Plans | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-16 Medical, Dental, | Compliant | Documenting Statement: On the day of |
| and General Emergency Plan | | the inspection, the complete prescribed |
| | | JFS 01242 "Medical, Dental, and General |
| | | Emergency Plan For Child Care" were |
| | | posted in the program as required. |
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| Dula | Chahua | Decumenting Chatement(a) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Emergency Drills | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | |
| Precautions | | |
| P. J. | Chahara | Danis and a Chaham and a life and lands |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of | Not Verified | |
| Communicable Disease | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | bocumenting statement(s), it applicable |
| Reporting | Not vermed | |
| Reporting | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | Section 1 (4) |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5101:2-12-17 Daily Schedule | Compliant | Documenting Statement: Daily schedules |
| | | were observed posted. |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Not Verified | , |
| Equipment | | |
| | _ 1 | , |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | |
| | | |
| Bulo | Ctatus | Documenting Statement(s) If a reliable |
| Rule 5101:2-12-18 License Capacity | Status Not Verified | Documenting Statement(s), If applicable |
| JIOI.2-12-10 LICEUSE CAPACITY | NOT VEHILLEU | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-18 Ratio | Not Verified | |
|---|---------------------|--|
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Group Size | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Not Verified | bocumenting statement(s), it applicable |
| 3101.2 12 13 3upcivision | Not vermed | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not Verified | bocumenting statement(s), if applicable |
| 3101.2-12-20 Cots and Napping | Not vermed | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight Care | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | |
| Requirements | | |
| Rule | Ctatus | Decumenting Statement/s) If applicable |
| Rule 5101:2-12-22 Fluid Milk Requirements | Status Not Verified | Documenting Statement(s), If applicable |
| 5101.2-12-22 Fluid Wilk Nequilements | Not vermed | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Not Verified | Source and State Mentally, it applicable |
| Preparation | | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-12-23 Diapering and Toilet | Not Verified | |
| Training | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-24 Swimming and Water | Not Verified | |
| Safety Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication | Not Verified | |
| Administration | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |
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