

## **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      |
| Danielle's Childcare | 00000975816941 | FCC - Type B Home |
| Address              | *              | County            |
| 39493 State Route 7  |                | MEIGS             |
| Reedsville           |                |                   |
| OH 45772             |                |                   |

|                    | Insp                           | ection Information | 1                 |              |
|--------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type    | Inspection So                  | Inspection Scope   |                   |              |
| Compliance         | Full                           |                    | Unannounced       |              |
| Inspection Date    | Begin Time                     |                    | End Time          |              |
| 10/30/2025         | 9:15 AM                        | 9:15 AM            |                   |              |
| Reviewer:          | ·                              |                    |                   |              |
| Lori Hatfield      |                                |                    |                   |              |
|                    | Sui                            | mmary of Findings  |                   |              |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |
| 68                 | 1                              | 0                  | 0                 | 1            |

| 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)                                 |                  | 2          | 0         | 2     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 4          | 0         | 4     |
| Total Capacity/Enrollment                                 | 6                | 5          | 0         | 7     |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group  | Group Age Group/Range Ratio Observed Comment |        |  |
| Danielle Curtis                              | Mixed Age Group                              | 1 to 0 |  |



## **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  |
|---|
| Serious Risk Non-Compilances  |
| 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**

Domain: 04 Indoor/Outdoor Space

Rule: 5180:2-13-11 Outdoor Space

Code: The program is required to have a shaded area in the outdoor play area.



Findings: During this inspection, it was determined that children were not provided access to a shaded area during outdoor play, as required by this rule. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/30/2025

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

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-02 Voluntary Temporary<br>Closure         | Compliant | Decamentary is approach                 |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible                        | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location                     | Compliant | becamenting statement(s), it applicable |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS                   | Compliant | bocumenting statement(s), if applicable |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical                       | Compliant | Documenting statement(s), if applicable |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-03 Inspection<br>Requirements             | Compliant |   |
| D.J.  | Chatana   | Decumenting Chahamanh/a) If an II all I |
| Rule 5180:2 12 04 Ruilding Requirements             | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Requirements for Type B Homes | Compliant |   |
|   |           |   |



| Rule                                   | Chahua    | Decumenting Statement(s) If applicable  |
|--|-----------|---|
|  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B    | Compliant |   |
| Homes                                  |           |   |
|  |           |   |
| Rule                                   | Status    | Decressing Statement (a) If and inchis  |
| No. Contract No.                       |           | Documenting Statement(s), If applicable |
| 5180:2-13-04 Flammable and             | Compliant |   |
| Combustible Materials in a Type B      |           |   |
| Home                                   |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Heaters in a Type B       | Compliant |   |
| Home                                   |           |   |
|  |           |   |
|  | 1 -       |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records             | Compliant |   |
|  |           |   |
| <u> </u>                               | L         |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Provider Responsibilities | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and         | Compliant |   |
| Procedures                             |           |   |
|  |           |   |
| D. I.                                  | Ct-1      | D                                       |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Type B Provider - Foster  | Compliant |   |
| Parent                                 |           |   |
|  | l.        |   |
| Dula                                   | Chabina   | Designmenting Statement   If a will all |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Employee Requirements     | Compliant |   |
|  |           |   |
|  | I .       |   |
| Rule                                   | Status    | Documenting Statement(s) If annice his  |
| 5180:2-13-08 Child Care Staff          |           | Documenting Statement(s), If applicable |
| Mary OF                                | Compliant |   |
| Requirements                           |           |   |
|  | I         |   |
| Rule                                   | Status    | Documenting Statement/s) If applicable  |
|  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower            | Compliant |   |
|  |           |   |
| <u> </u>                               | I .       |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| nule                                   | Status    | Documenting statement(s), if applicable |



| 5180:2-13-09 Background Checks     | Compliant          |   |
|------------------------------------|--------------------|---|
|                                    | '                  |   |
|                                    |                    |   |
| Rule                               | Status             | Documenting Statement(s), If applicable |
| 5180:2-13-10 Health Training       | Compliant          | Documenting Statement(s), if applicable |
| 5100.2-13-10 Health Halling        | Compliant          |   |
|                                    |                    |   |
|                                    |                    | *                                       |
| Rule                               | Status             | Documenting Statement(s), If applicable |
| 5180:2-13-10 Professional          | Compliant          |   |
| Development                        |                    |   |
|                                    | 1                  |   |
| Rule                               | Status             | Documenting Statement(s), If applicable |
| 5180:2-13-11 Indoor Space          | Compliant          |   |
|                                    | 39                 |   |
|                                    |                    |   |
| Rule                               | Status             | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Equipment     | Compliant          | 200 may or a comment of the applicance  |
| Sissiz is if success Equipment     | Compilant          |   |
|                                    |                    |   |
|                                    |                    |   |
| Rule                               | Status             | Documenting Statement(s), If applicable |
| 5180:2-13-11 Fall Zone             | Compliant          |   |
|                                    |                    |   |
|                                    |                    |   |
| Rule                               | Status             | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment        | Compliant          |   |
|                                    |                    |   |
|                                    |                    |   |
| Rule                               | Status             | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Environment      | Compliant          |   |
|                                    |                    |   |
|                                    |                    |   |
| Rule                               | Status             | Documenting Statement(s), If applicable |
| 5180:2-13-12 Carbon Monoxide       | Compliant          |   |
| Detectors - Type B Only            | 3.00.3.5.000000000 |   |
|                                    |                    |   |
| Rule                               | Status             | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets                  | Compliant          | bocamenting statement(3), it applicable |
| 313312 13 12 1 613                 | Compilant          |   |
|                                    |                    |   |
|                                    |                    |   |
| Rule                               | Status             | Documenting Statement(s), If applicable |
| 5180:2-13-13 Clean environment and | Compliant          |   |
| equipment                          |                    |   |



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| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-13-13 Smoke Free  | Compliant   |  |
|  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Child Medical and   | Compliant   |  |
| Enrollment Records   | 100   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-13-13 Handwashing   | Compliant   |  |
|  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-13-13 Toothbrushing   | Compliant   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-13-14 Requirements for Field and Routine Trips  | Compliant   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
|  | 1000 NO.  |  |
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips   | Compliant   |  |
| for Field and Routine Trips  |   | Documenting Statement(s) If applicable   |
|  | Status Compliant  | Documenting Statement(s), If applicable  |
| for Field and Routine Trips  Rule  | Status  | Documenting Statement(s), If applicable  |
| for Field and Routine Trips  Rule  | Status  | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| for Field and Routine Trips  Rule  5180:2-13-14 Driver Requirements  | Status<br>Compliant   |  |
| For Field and Routine Trips  Rule  5180:2-13-14 Driver Requirements  Rule  | Status Compliant Status   |  |
| Rule 5180:2-13-14 Driver Requirements  Rule 5180:2-13-14 Use Requirements  | Status Compliant Status Compliant                               | Documenting Statement(s), If applicable  |
| Rule 5180:2-13-14 Driver Requirements  Rule 5180:2-13-14 Vehicle Inspections  Rule 5180:2-13-14 Vehicle Requirements | Status Compliant  Status Compliant  Status Compliant  Compliant | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5180:2-13-14 Driver Requirements  Rule 5180:2-13-14 Use Requirements  Rule 5180:2-13-14 Vehicle Inspections     | Status Compliant Status Compliant Status Status                 | Documenting Statement(s), If applicable  |



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| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention   | Compliant                 |   |
|  | Compilant                 |   |
| and Confidentiality  |                           |   |
| L  |                           |   |
|  |                           |   |
| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and  | Compliant                 |   |
| General Emergency Plan   |                           |   |
| Semeral Emergency Fram   |                           |   |
|  | 1                         | -                                       |
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| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills  | Compliant                 |   |
|  |                           |   |
|  |                           |   |
|  |                           |   |
| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5180:2-13-16 First Aid Kit/Standard  | Compliant                 |   |
| The state of the s | Compilant                 |   |
| Precautions  |                           |   |
|  |                           |   |
| -  |                           |   |
| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases   | Compliant                 |   |
|  |                           |   |
|  |                           |   |
|  |                           | 2                                       |
|  | • ************            |   |
| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Incident/Injury   | Compliant                 |   |
|  |                           |   |
|  |                           |   |
| -  | *                         | *                                       |
| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency   | Compliant                 | became in general in approach           |
|  | Compilant                 |   |
| Preparedness and Response Plan   |                           |   |
|  | <u> </u>                  | Ţ                                       |
|  |                           |   |
| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming   | Compliant                 |   |
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| B. I.  |                           |   |
| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5180:2-13-17 Materials and   | Compliant                 |   |
| Equipment  |                           |   |
| 0. 0.1 Provid (1990)   |                           |   |
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| Rule   | Status                    | Documenting Statement(s), If applicable |
|  |                           | bocamenting statement(s), ii applicable |
| 5180:2-13-18 Group Size and Ratios   | Compliant                 |   |
|  |                           |   |
|  |                           |   |
|  |                           |   |
| Rule   | Status                    | Documenting Statement(s), If applicable |
| 5180:2-13-18 Attendance  | Compliant                 | G TELLITON (-// wpp.nounte              |
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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 Supervision            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight  | Compliant |   |
| Care                                |           |   |
|                                     |           | <u> </u>                                |
| Rule                                | Status    | Documenting Statement/s) If applicable  |
| 74.176.56.97.476.5                  |           | Documenting Statement(s), If applicable |
| 5180:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
| <u> </u>                            |           | <u></u>                                 |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 Child Guidance         | Compliant | bocumenting statement(s), if applicable |
| 3180.2-13-19 Cillia Galdance        | Compilant |   |
|                                     |           |   |
|                                     |           | <u> </u>                                |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-20 Crib and Playpen       | Compliant | 3 (" 11                                 |
| Requirements                        |           |   |
| mequi emente                        |           |   |
|                                     |           | •                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         | _         |   |
| 2.5                                 |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-22 Meals and Snacks       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-22 Food Handling          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-22 Fluid Milk             | Compliant |   |
|                                     |           |   |
|                                     |           |   |



| Rule   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| 5180:2-13-23 Infant Daily Care                     | Compliant |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-23 Infant Bottle and Food<br>Preparation | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-23 Diapering                             | Compliant | Decamentally of the state of th |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-24 On-site Pools                         | Compliant | Documenting Statement(s), if applicable  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-24 Swimming Sites                        | Compliant | (" 11  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-24 Parent Permission for<br>Swimming     | Compliant |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-25 Medication<br>Requirements            | Compliant | Dodanienting Statement(s), it applicable   |