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 |
| Jewel's Learning Center | 2190019740 | FCC - Type B Home |
| Address | | County |
| 7330 Brooke Blvd | | FAIRFIELD |
| | | |
| Reynoldsburg | | |
| OH 43068 | | |

| Inspection Information | | | | | |
|------------------------|------------------------|--------------|------------------|-------------------|--------------|
| Inspection Type | In | nspection Sc | оре | Inspection Notice | |
| Compliance | Fu | ull | | Unannounced | |
| Inspection Date | Be | egin Time | | End Time | |
| 05/26/2021 | 4: | :25 PM | | 4:43 PM | |
| Inspection Date | Be | egin Time | | End Time | |
| 06/22/2021 | 4: | :12 PM | | 4:59 PM | |
| Reviewer: | | | | | |
| Sarah South | Sarah South | | | | |
| Reviewer: | | | | | |
| Sarah South | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-com | npliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 79 | 2 | | 0 | 1 | 2 |

| 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 | | 2 | 0 | 2 |
| Total Capacity/Enrollment | 6 | 2 | 0 | 2 |

| Staff-Child Ratios at the Time of Inspection | | | | |
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| Group Age Group/Range Ratio Observed Comment | | | | |
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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 | |
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| No Serious Risk Non-Compliances were observed during this inspection | |
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| Moderate Risk Non-Compliances | |
| Domain: 08 Staff Files | |
| Rule: 5101:2-13-09 Background Checks | |
| Code: Individuals associated to the program are required to submit the JFS 01175 "Red | quest for Background |
| Check For Child Care" and create a profile in the registry. | |
| Findings to socious of the staff seconds it was determined that a social set of the bosons | t of 40 of a sa |
| Findings: In review of the staff records, it was determined that a resident of the home moved into the Home and background checks were not requested within 10 business of the home and background checks were not requested within 10 business of the home and background checks were not requested within 10 business of the home. | |
| program's corrective action plan, which includes a statement the individual(s) have sul | - |
| ODJFS, to verify compliance with the requirements of this rule. | |
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Low Risk Non-Compliances

Domain: 05 Health & Safety

Rule: 5101:2-13-22 Fluid Milk

Code: The program is required to have written documentation from a licensed physician if child is to be served something other than the required fluid milk.

Findings: During the inspection, it was determined that milk other than one per cent or skim cow's milk that is Vitamin A and D fortified was served to children older than twenty-four months of age. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/23/2021

Domain: 08 Staff Files

Rule: 5101:2-13-09 Background Checks

Code: Individuals associated to the program are required to create a profile in the registry.

Findings: In review of the staff records, it was determined that the provider, administrator, or an individual did not create a profile in the Ohio Professional Registry (OPR). Submit the program's corrective action plan, which includes a statement the individual(s) have created a profile in the OPR to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/23/2021

Rules In-Compliance/Not Verified

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

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training B | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 1 1 | | bocumenting statement(s), if applicable |
| 5101:2-13-15 JFS 01234 'Child | Compliant | |
| Enrollment and Health Information' | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size | Compliant | Bocamenting statement(s), it applicable |
| 3101.2-13-16 Katio aliu Gloup Size | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant | |
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| Dulo | Status | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), if applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | , |
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| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and | Compliant | |
| Combustible Materials in Type B Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-25 Topical Products and | Compliant | |
| Lotions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-13 Handwashing | Compliant | bocamenting statement(s), it applicable |
| J101.2-13-13 Handwashing | Compilant | |
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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 |
| 5101:2-13-24 On-site Pools | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bootamenting statement(s), it applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | 3 (7 11 |
| Swimming | | |
| J Williams | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), it applicable |
| 5101:2-13-20 Sleep and Napping | Compliant | |
| 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 |
| | | bocumenting statement(s), it applicable |
| 5101:2-13-08 Employee Requirements | 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 |
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| 5101:2-13-14 Vehicle Inspections | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Review Policies and Procedures | Compliant | bocamenting statement(3), it applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary Closure | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | Documenting statement(s), if applicable |
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| S101:2-13-11 Fall Zone | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Staff Records | Compliant | Documenting Statement(s), if applicable |
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| Rule 5101:2-13-16 Incident/Injury | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
| Dulo | Status | Decumenting Statement/s) If small-ship |
| Rule 5101:2-13-12 Pets | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | Documenting Statement(s), if applicable |

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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 | 0 (" 11 |
| STOTIL TO TE OUT ENVIRONMENT | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | Bocamenting statement(3), it applicable |
| 3101.2-13-11 Outdoor Equipment | Compliant | |
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| 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 |
| 5101:2-13-14 Ratio and Supervision | Compliant | , , , , , , , , , , , , , , , , , , , |
| for Field and Routine Trips | | |
| Tot Freid and Roadine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | bootinenting statement(s), it applicable |
| General Emergency Requirements | Compilant | |
| General 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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-19 School Age Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | Documenting statement(s), if applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | 0 (" 11 |
| Equipment | | |
| also la companya de l | | |
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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 | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | bocumenting statement(s), if applicable |
| | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-02 Information in Provider Portal | Compliant | |
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| Bulo | Ctatus | Documenting Statement/s) If applicable |
| Sample 5101:2-13-14 Requirements for Field and Routine Trips | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Serious Incident | Compliant | , , , , , , , , , , , , , , , , , , , |
| Rule | Ctatus | Documenting Statement(s) If applicable |
| 5101:2-13-10 Professional | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child's Medical | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | Documenting statement(s), it applicable |
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| 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 | Bootheriting statement(s), it applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | Documenting Statement(s), II applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 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 | |
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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 | | Documenting Statement(s), it applicable |
| 5101:2-13-18 Attendance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | bocumenting statement(s), if applicable |
| 2101.2-13-02 Change of Location | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-13-07 Provider Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), II applicable |
| 5101:2-13-03 Inspection | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| Transitional Pandemic Requirements | Compliant | |
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