

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 Deta	ils	
Program Name	Program Number		Program Type
JACOB'S WELL	000000200280		Child Care Center
Address	80		County
5334 SOCIALVILLE FOSTER RD. MASON			WARREN
ОН			
45040			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½
02/14/2012	E		
Fire Inspection Approval Date	Food Service Risk Le	evel	
03/09/2021	Level III		

	Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice		
Annual	Full		Unannounced		
Inspection Date	Begin Time		End Time		
07/31/2024	8:40 AM	8:40 AM			
Reviewer:	Reviewer:				
NANCY SCHMITT	NANCY SCHMITT				
	Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk	
58	5	0	1	4	

License Capacity and Enrollment at the Time of Inspection					
Age Group	License Capacity		Enr	ollment	
	Totals	Full Time	Part Time	Total	
Infant (Birth to < 18 m)		10	0	10	
Young Toddler		10	0	10	
Total Under 2 ½ Years	37	20	0	20	
Older Toddler		8	0	8	
Preschool		25	0	25	
School Age		23	0	23	
Total Capacity/Enrollment	195	56	0	76	

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

Infant 1	0 to < 12 months	2 to 6	#1 & #2
Infant 2	12 months to < 18 months	1 to 3	#1 & #2
School Age	School-Age to < 11 years	1 to 11	#1
School Age	School-Age to < 11 years	2 to 13	#2
Toddler 1	18 months to < 30 months	2 to 7	#1
Toddler 1	18 months to < 30 months	2 to 8	#2
Toddler 2	30 months to < 36 months	2 to 6	#1
Toddler 2	30 months to < 36 months	2 to 7	#2
Preschool	3 years to < 4 years	1 to 6	#1
Preschool	3 years to < 4 years	1 to 9	#2
PreK	4 years to < 5 years	2 to 9	#1 & #2

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		
No Serious Risk Non-Compliances were observed during this inspection		

Moderate Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5101:2-12-09 Background Check Requirements

<u>Code</u>: The program is required to have documentation from ODJFS, indicating the individual is eligible to be employed in child care, on file before allowing the staff to have sole responsibility of children.

<u>Finding</u>: During the inspection, it was determined that a child care staff member had sole responsibility of children and neither a preliminary approval nor the JFS 01176 "Program Notification of Background Check Review for Child Care" were on file as required. Submit the program's corrective action plan, which includes a copy of the JFS 01176 or a statement that the child care staff member no longer has sole responsibility of children, to the Department to verify compliance with the requirements of this rule.

Corrective .	Action	Plan	Due:	08	/30	/2024
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Low Risk Non-Compliances

Domain: 07 Diapering & Infant Care

Rule: 5101:2-12-23 Diapering and Toilet Training

Code: The program staff is required to have adequate supplies for diapering available.

<u>Finding</u>: During the inspection, it was determined the required supplies were not available for diaper changing in the Infant 2 Room as noted in number 2 below:

- 1. There was no disposable separation material;
- 2. There was no germicidal solution for sanitizing;
- 3. There were no plastic containers or bags for the storage of soiled clothing;
- 4. Other [].

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

Corrective Action Plan Due: 08/30/2024

Domain: 08 Staff Files

Rule: 5101:2-12-08 Child Care Staff Member Educational Requirements

<u>Code</u>: The program staff is required to have educational verification on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that verification of a high school education for the child care staff member(s) listed on the Employee Record Chart, did not meet the requirements as listed in number 1 below:

- 1. Verification of completion of a high school education was not on file.
- 2. Documentation was incomplete or not on file for a high school junior or senior who is enrolled in a career-technical program.

- 3. Documentation was not on file for a high school junior or senior who is also enrolled in a college credit program in child development or early childhood education.
- 4. Documentation was not on file for a high school junior or senior who is enrolled in a Child Development Associate (CDA) training program.

Submit the program's corrective action plan, which includes a copy of the education verification, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/30/2024

Domain: 08 Staff Files

Rule: 5101:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

<u>Finding</u>: In review of the staff records, it was determined that the medical statement for the employee listed on the Employee Record Chart did not meet the requirements as listed in number 1 below.

- 1. A medical statement was not on file for at least one employee;
- 2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
- 3. Date of examination was missing;
- 4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
- 5. A statement was missing that verifies the employee is:
- a. Physically fit for employment in a program caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- 6. Tuberculosis (TB) screening/test information was missing:
- a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
- b. Results of a TB test for employees meeting both criteria in 6a.
- c. Results of additional testing for employees with a positive TB test.
- d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/30/2024

Domain: 08 Staff Files

Rule: 5101:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [].

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

Corrective Action Plan Due: 08/30/2024

Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
5101:2-12-02 License Posted	Compliant	
Rule	Status	Documenting Statement(s), If applicable



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-03 Inspection	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-04 Building	Compliant	Documenting Statement: A copy of the
Department Inspection	12	certificate of occupancy was available on-
		site for review.
	"	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Fire Inspection	Compliant	
SISING THE MISPOSITOR	- Compilant	
	16	<u> </u>
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-04 Food Service	Compliant	2 3 3 miles in a section of the sect
Requirements	Compilant	
Requirements	1	
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Rule 5101:2-12-07 Administrator	Status	Documenting Statement(s), If applicable
	Compliant	
Qualifications		
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Administrator	Compliant	
Responsibilities/Requirements		
	X1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-07 Written Program	Compliant	
Policies and Procedures	10 000 00 00 000 000 000 000 000 000 00	
N STOCKES COLOR I DE SESSIONES	1	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-08 Orientation	Compliant	Documenting Statement: On the day of
	Compilant	the inspection, all child care staff
Training & Whistle Blower Protection		
		members had met orientation training
		requirements.
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Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-10 Health Training	Compliant	Documenting Statement: The program
Requirements		had at least one Child Care Staff Member
		with currently valid training in First Aid,
		Management of Communicable Disease,
		CPR, and Child Abuse Prevention present
		and readily accessible during all hours of
		operation.
		'
Rule	Status	Documenting Statement(s), If applicable
	7.0.00	Dogamenting statement(s)) if applicable

5101:2-12-11 Indoor Space Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Separation of Children Under 2 1/2 Years	Compliant	
		,
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-11 Outdoor Space Requirements	Compliant	Documenting Statement: The outdoor play area is separated from traffic and other hazards by a fence.
Rule: 5101:2-12-11 Outdoor Space Requirements	Compliant	Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 4/16/2024.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-11 Outdoor Play Fall Zones	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-12 Safe Equipment	Compliant	bocumenting statement(3), if applicable
	SS.,,p.,	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-12 Safe Environment	Compliant	Documenting Statement: Cleaning
		supplies were viewed stored out of the reach of children.
Rule: 5101:2-12-12 Safe Environment	Compliant	Documenting Statement: A safe environment was observed during the inspection.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-13 Sanitary Equipment and Environment	Compliant	Documenting Statement: On the day of the inspection, the program provided a
Lydipinent and Environment		clean environment.
Rule	Status	Documenting Statement(s), If applicable
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Destructe.		
5101:2-12-13 Handwashing	Compliant	
Requirements	20	
		·
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-13 Smoke Free	Compliant	Bocamenting Statement(3), it applicable
2005 4—16 0.14—40 (C.) — 14—01—1745—2004—2007 (C.) (C.) (C.) (C.) (C.) (C.) (C.) (C.)	Compilant	
Environment		
	-	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation and	Compliant	Documenting Statement: The program
Field Trip Procedures		transports school age children for
ll ·		summer field trips. Use t-shirts for ID.
	1	
D. J.	Chat	D
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation -	Compliant	Documenting Statement: The drivers had
Driver Requirements		completed the required ODJFS driver
		training.

Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-14 Transportation -	Compliant	Documenting Statement: An annual
10-10-10-10-10-10-10-10-10-10-10-10-10-1	Compliant	
Vehicle Requirements		safety check of the vehicle, using the JFS
		01230 "Vehicle Inspection Report For
		Child Care Centers" form, was verified
		and dated 5/20/2024.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-15 Child Medical and	Compliant	Documenting Statement: At the time of
Enrollment Records	Compilant	the inspection, 25% of the children's
Enrollment Records		• 0
		records were reviewed, and the records
		were complete, as required by the rule.
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-15 Medical/Physical	Compliant	Documenting Statement: The program
Care Plans		had current information on the medical
		status and the required treatment plan
		for the children with health conditions.
		for the children with health conditions.
	Î	
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
		J. J DIE IE ITICAICAI, DCITTAI, AND DCITCIAI
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Emergency Plan For Child Care" were
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Emergency Plan For Child Care" were

Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Emergency Drills	Compliant	Documenting Statement: Documentation
	Compilation	for completed fire, weather, and
		emergency/lockdown drills was verified
		during this inspection.
		during this inspection.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 First Aid/Standard	Compliant	
Precautions	- CONTROL - CONT	
-		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Management of	Compliant	Documenting Statement: The JFS 08087
Communicable Disease		"Communicable Disease Chart" was
		posted and was readily available to staff
		and parents.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-16 Incident/Injury	Compliant	
Reporting		
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
Rule: 5101:2-12-17 Materials and	Compliant	Documenting Statement: Sufficient
Equipment		equipment was observed in all categories.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-17 Daily Outdoor Play	Compliant	boddinenting statement(s), it applicable
3101.2 12 17 bany outdoor riay	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 License Capacity	Compliant	
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-18 Ratio	Compliant	Documenting Statement: Staff/child
		ratios observed during the inspection
		surpassed those required by the rule.
Rule	Status	Documenting Statement(s), If applicable
5101:2-12-18 Group Size	Compliant	

Status	Documenting Statement(s), If applicable
Compliant	
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Compliant	
Status	Documenting Statement(s), If applicable
Compliant	
C+-+	Decume autim of Chahama aut/a\ If a mulicality
	Documenting Statement(s), If applicable
Compilant	
Status	Documenting Statement(s), If applicable
Compliant	Documenting Statement: All cribs were
	placed 2 feet apart.
Compliant	Documenting Statement: Cribs were
	separated from the play space by a safe
	and sturdy and physical barrier.
Compliant	Documenting Statement: All cribs were
Compilant	labeled with the assigned infant's name.
	labeled with the assigned marks hame.
<u> </u>	
Status	Documenting Statement(s), If applicable
Compliant	
-	
	Documenting Statement(s), If applicable
Compliant	
Status	Documenting Statement(s), If applicable
Compliant	0 (// 11
Status	Documenting Statement(s), If applicable
Compliant	
Chatus	Documenting Statement/s) If applicable
	Documenting Statement(s), If applicable Documenting Statement: All bottles were
Compliant	labeled as required.
	labeled as required.
	Status Compliant Status Compliant Status Compliant Status Compliant Compliant Status Compliant Status Compliant Status Compliant Status Compliant Status Compliant



Rule	Status	Documenting Statement(s), If applicable
5101:2-12-25 Medication	Compliant	
Administration		
Rule	Status	Documenting Statement(s), If applicable
Rule: 5101:2-12-16 Written Disaster Plan	Compliant	Documenting Statement: Annual training of the written disaster plan was completed by staff.