



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 SUTTON, KAREN | Program Number 000000904964379 | Program Type FCC - Type B Home |
| Address 6579 ST. RT. 121 NEW PARIS OH 45347 | | County PREBLE |

| Inspection Information | | |
|-------------------------------|--------------------------|--------------------------------|
| Inspection Type Compliance | Inspection Scope Full | Inspection Notice Announced |
| Inspection Date 05/11/2023 | Begin Time 10:15 AM | End Time 11:45 AM |
| Reviewer: Kelsey Johnson | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 68 | No. Rules with Non-compliances 5 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 7 |

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

| Staff-Child Ratios at the Time of Inspection | | | |
|----------------------------------------------|--------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Karen Sutton | 18 months to < 30 months | 1 to 4 | |



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

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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: 00 License & Approvals

Rule: 5101:2-13-02 Information in OCLQS

Code: The provider is required to keep their information current in OCLQS.



Findings: During the inspection, it was determined the information in number(s) [4] below was not up to date in the Ohio Child Care Licensing and Quality System:

1. Mailing Address;
2. Telephone Number;
3. Email Address;
4. Days and Hours of Operation;
5. Services Offered;
6. Name of Program, If applicable.
7. Private pay rates.

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

Corrective Action Plan Due: 06/11/2023

Domain: 03 Postings & Equipment

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number(s) [7] below:

1. The plan was not posted on each level of the home used for child care.
2. The name, address and telephone number of the program were not complete.
3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
5. Location of children's records was not complete.
6. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
7. The current version of the prescribed form was not used.
8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 06/11/2023

Domain: 03 Postings & Equipment



Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by rule.

Findings: During the inspection, it was determined the JFS 01201 "Dental First Aid" was not [The Current version of the prescribed form]. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/11/2023

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-13-11 Outdoor Equipment

Code: Outdoor equipment is required to be safe.

Findings: During the inspection, it was determined that outdoor play equipment was unsafe as noted in the number(s) [1 & 3 This was discussed with Provider who states that she is aware and was awaiting permitting weather to handle painting the equipment and removing the piece that contains the cracks.] below:

1. There was rust exposed.
2. There were protruding bolts.
3. There were cracks.
4. There were holes.
5. There was splintering wood.
6. There were sharp edges or points.
7. There were toxic substances.
8. There were tripping hazards.
9. Other [].

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

Corrective Action Plan Due: 06/11/2023

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities

Code: The program is required to have the current licensing rules available in a noticeable area on the premises.

Findings: During the inspection, it was determined the current licensing rules were not [available/available in a noticeable area] on the premises. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/11/2023



Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to have hours of availability to meet with parents posted in a noticeable place.

Findings: During the inspection, it was determined that the provider did not have hours of availability to meet with parents a noticeable location. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/11/2023

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

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) [] 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. The date of the exam was more than 13 months prior to the date the form was signed
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. 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
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. 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
10. 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
11. Other [Old forms and missing parent information and no acknowledgement of policy and procedure checked.]

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



Corrective Action Plan Due: 06/11/2023

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-02 License Visible | Compliant | |
| 5101:2-13-02 Voluntary Temporary Closure | Compliant | |
| 5101:2-13-02 Provider Medical | Compliant | |
| 5101:2-13-03 Inspection Requirements | Compliant | |
| 5101:2-13-04 Building Requirements for Type B Homes | Compliant | |
| 5101:2-13-04 Fire Safety for Type B Homes | Compliant | |
| 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant | |
| 5101:2-13-07 Staff Records | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-08 Employee Requirements | Compliant | |
| 5101:2-13-08 Child Care Staff Requirements | Compliant | |
| 5101:2-13-08 Whistle Blower | Compliant | |
| 5101:2-13-09 Background Checks | Compliant | |
| 5101:2-13-10 Health Training | Compliant | |
| 5101:2-13-10 Professional Development | Compliant | |
| 5101:2-13-11 Outdoor Space | Compliant | |
| 5101:2-13-11 Fall Zone | Compliant | |
| 5101:2-13-12 Safe Equipment | Compliant | |
| 5101:2-13-12 Safe Environment | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-13 Clean environment and equipment | Compliant | |
| 5101:2-13-13 Handwashing | Compliant | |
| 5101:2-13-13 Smoke Free | Compliant | |
| 5101:2-13-13 Toothbrushing | Compliant | |
| 5101:2-13-14 Driver Requirements | Compliant | |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| 5101:2-13-15 Child Records Retention and Confidentiality | Compliant | |
| 5101:2-13-16 Emergency Drills | Compliant | |
| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant | |
| 5101:2-13-16 Communicable Diseases | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------|-----------|-----------------------------------------|
| 5101:2-13-16 Disaster Plan | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------|-----------|-----------------------------------------|
| 5101:2-13-18 Attendance | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------|-----------|-----------------------------------------|
| 5101:2-13-19 Supervision | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-19 School Age Supervision | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------|-----------|-----------------------------------------|
| 5101:2-13-19 Child Guidance | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-20 Sleep and Nap Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------|-----------|-----------------------------------------|
| 5101:2-13-22 Meals and Snacks | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------|-----------|-----------------------------------------|
| 5101:2-13-22 Fluid Milk | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------|-----------|-----------------------------------------|
| 5101:2-13-22 Food Handling | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-23 Diapering | Compliant | |
| 5101:2-13-25 Medication Requirements | Compliant | |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
| 5101:2-13 Written Policies and Procedures | Compliant | |
| 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant | |
| 5101:2-13-11 Indoor Space | Compliant | |
| 5101:2-13-17 Programming | Compliant | |
| 5101:2-13-12 Pets | Compliant | |
| 5101:2-13-17 Materials and Equipment | Compliant | |