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 | |
| Sour Patch Kidz Childcare | 2210025541 | FCC - Type B Home | |
| Address | • | County | |
| 8114 Debonair ct | | HAMILTON | |
| | | | |
| cincinnati | | | |
| OH 45237 | | | |

| Inspection Information | | | | | |
|------------------------|---------------------|---------------|------------------|-------------------|--------------|
| Inspection Type | | Inspection So | cope | Inspection Notice | |
| Amendment - cha | nge of location | Full | | Announced | |
| Inspection Date | | Begin Time | | End Time | |
| 06/20/2023 | | 4:00 PM | | 5:00 PM | |
| Reviewer: | | | | | |
| Jacob Downard | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non- | compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 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 | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 6 | 0 | 0 | 0 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| 6/21/2023 | 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 | | | |
|--|--|--|--|
| No Serious Risk Non-Compliances were observed during this inspection | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Madausta Diel Neu Camulianess | | | |

Moderate Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Carbon Monoxide Detectors - Type B Only

Code: The program is required to meet all requirements for carbon monoxide detectors.

Findings: During the inspection, it was determined that the Type B Home did not have a working carbon monoxide detector on each floor where care is provided. A working carbon monoxide detector must be placed, installed, tested, and maintained in accordance with manufacturer's recommendations. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 07/21/2023

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 136 degrees in the bathroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/21/2023

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have all outlets and surge protectors covered.

Findings: During the inspection, it was determined that surge protectors or outlets did not have childproof receptacle covers. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/21/2023

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-13-02 License Visible | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | bocamenting statement(s), it applicable |
| Closure | | |
| | | |
| | T | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |

| Degining: | | |
|---------------------------------------|-------------|--|
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
| 3101.2-13-02 FTOVIder Medical | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | |
| Requirements | | |
| Requirements | | |
| | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |
| 7,600 | | |
| | 1 | • |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and | Compliant | g containing of the containing |
| | Compliant | |
| Combustible Materials in a Type B | | |
| Home | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B | Compliant | 2004 menting ocacement(0)) if approache |
| • | Compliant | |
| Home | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | |
| | Compilation | |
| | | |
| | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
| | | |
| | 1 | ı |
| Rule | Status | Documenting Statement(s) If annies his |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | | bookinenting statement(s), it applicable |
| | Compliant | |
| Requirements | | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-08 Whistle Blower | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement/s) If applicable |
| 5101:2-13-10 Professional | | Documenting Statement(s), If applicable |
| | Compliant | |
| Development | | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | bocamenting statement(s), it applicable |
| 3101.2 13 11 Odta001 Space | Compilant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | 0 (7 11 |
| | ' | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
| | | |
| | | |
| Dula | Ctatura | Decumenting - Chatagorital (C. 1) |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | |
| equipment | | |
| | 1 | |
| Rule | Status | Documenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
| | | |
| L | | |
| | | |



| P. J. | Chahara | December Chatana and Auf |
|--------------------------------------|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | a comment of the comm |
| 3101.2-13-13 100thbru31iiig | Compliant | |
| | | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
| | | |
| | 1 | - |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | |
| 310112 10 11 Billet Requirements | | |
| | | |
| | | |
| | 1. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | boddinenting statement(s), it applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and | Compliant | |
| Enrollment Records | ' | |
| 2 omnene necoras | | |
| <u> </u> | 1 | |
| Pula | Chahus | Decumenting States and the It II |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | G Table 11 Table 12 T |
| | Compilant | |
| and Confidentiality | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |

| Designating. | T . | |
|--------------------------------------|-----------|--|
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| Pula | Ctatus | Decumenting Statement of the multiple |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant | Documenting Statement(s), if applicable |
| Precautions | Compliant | |
| Frecautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | , , , , , , , , , , , , , , , , , , , |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | 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 | |
| | | |
| | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | Documenting Statement(s), if applicable |
| 2101.5-13-13 orilool Age anhervision | Compilant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | 2003/110/110/19 otate/110/11(0)/ 11 applicable |
| 3101.2 13 13 Gillia Galdanice | | |
| | | |
| | 1 | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| | | James Batament(off it apprount |

| Designation. | T | |
|-------------------------------------|-----------|---|
| 5101:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | Documenting Statement(s), it applicable |
| | Compilant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | Dodamental gotatement (o), in approach |
| Care | Compilant | |
| Care | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | · | |
| ,,, | | |
| | | |
| 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 | |
| | | |
| | | |
| | T | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Status | bocumenting statement(s), if applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | |
| | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | 2 ostilioning occurrence (o), it applicable |
| Preparation | Joniphane | |
| Communication | | |
| | 1 | , |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
| | 1 1 1 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |

| Table 2 12 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | | T |
|--|-----------|--|
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | , , , , , , , , , , , , , , , , , , , |
| Requirements | · | |
| · | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | bocumenting statement(s), if applicable |
| 3101.2 13 17 17 08 01 11 11 18 | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
| | | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | , |
| | ' | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | The state of the s |



| 5101:2-13-17 Materials and Equipment | Compliant | |
|--------------------------------------|-----------|--|
| | | |