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 | |
| Shyleena's Tiny Hearts | 2200021387 | FCC - Type B Home | |
| Address | • | County | |
| 202 Fairfield Dr | | LORAIN | |
| | | | |
| Elyria | | | |
| OH 44035 | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Provisional | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 05/11/2021 | 10:00 AM | | 12:00 PM | |
| Reviewer: | | | | |
| Jennifer Verda | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 79 | 2 | 0 | 0 | 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) | | 3 | 0 | 3 |
| Young Toddler | | 1 | 0 | 1 |
| Total Under 2 Years | 3 | 4 | 0 | 4 |
| Older Toddler | | 1 | 0 | 1 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 7 | 0 | 7 |
| Total Capacity/Enrollment | 6 | 8 | 0 | 12 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| S. Butcher | Mixed Age Group | 1 to 3 | |



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 |
|---|
| 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: Transitional Pandemic Requirements

Code: The program is required to ensure safe health practices to prevent the spread of COVID-19.

Findings: During the inspection, it was determined that the program did not follow the requirements for wearing face coverings as noted in number(s) 1 below:

- 1. The provider, resident, child care staff member or employee did not wear a face covering while indoors and it was medically appropriate for the individual to wear a face covering.
- 2. At least one school-age child did not wear a face covering while indoors and it was medically or developmentally appropriate for the individual to wear a face covering.
- 3. At least one individual's face covering did not cover their nose and mouth.
- 4. At least one child under two years old wore a face covering.

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

Corrective Action Plan Due: 06/10/2021

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Requirements Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item number(s) 1,2,3 below:

- 1. Monthly fire drills
- 2. Monthly weather emergency drills (March through September)
- Quarterly emergency/lockdown drills.

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

Corrective Action Plan Due: 06/10/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-13-14 Driver Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-21 Evening and Overnight Care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
|---|-------------|---|
| 5101:2-13-02 License Posted | Compliant | |
| 3101.2 13 02 Electrise (03ted | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | |
| 310112 10 20 mane bany care | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training B | Compliant | Section 1 (4) |
| STOTIL TO TO TREATER TRAINING D | Compilant | |
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| Rule | Status | Documenting 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 | (4) App |
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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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant | |
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| 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 | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-04 Flammable and | Compliant | |
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| Combustible Materials in Type B Home | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and Lotions | Compliant | Bocumenting Statement(s), it applicable |
| Pode | Chahua | Decrease which Chahama and (a) If a malical la |
| Rule 5101:2-13-13 Handwashing | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | becamening statement(s), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B Homes | Compliant | |
| | | |
| Rule 5101:2-13-24 Parent Permission for Swimming | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider | Compliant | , , , , , , , , , , , , , , , , , , , |
| Pulo | Chatus | Decumenting States and (a) If a male all a |
| Rule 5101:2-13-13 Smoke Free | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | Documenting Statement(s), ii applicable |
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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 |
| 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 | Compliant | |
| Procedures | | |
| Troccaures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | bookinenting statement(s), it applicable |
| Closure | Compliant | |
| Closure | | |
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| p.d. | Chahara | De como cabina Chata con cathal If a calical la |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Staff Records | Compliant | bookinenting statement(s), it applicable |
| 5101.2 15 00 Stail Necolus | Compliant | |
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| Pulo | Status | Documenting Statement/s\ If a relicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-23 Diapering | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | - common government (c) |
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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 | bocumenting statement(s), it applicable |
| 3101.2 13 12 3dic Environment | Соттриате | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-13 Clina Galdance | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit | Compliant | |
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| Pulo | Ctatus | Documenting Statement/s) If a will askin |
| Rule 5101:2-12-04 Heaters in a Type R | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B Home | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |

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| 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 |
| 5101:2-13-19 School Age Supervision | Compliant | bocamenting statement(5), it applicable |
| 3101.2 13 13 3chool Age Supervision | Compilant | |
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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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | December (o), it approach |
| Equipment | | |
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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 | bocamenting statement(s), it applicable |
| 3101.2 13 10 Communicable Diseases | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | 177 - 11 |
| 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 | Compliant | |
| Portal | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Serious Incident | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | |
| Development | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child's Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
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| Rule | | D 1: 61 1 1/ \ 15 11 |
| itaic | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute | | Documenting Statement(s), if applicable |
| 5101:2-13-08 Substitute | Status Compliant | Documenting Statement(s), if applicable |
| | | Documenting Statement(s), if applicable |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-08 Substitute | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement/s) If applicable |
| 5101:2-13-15 Health Conditions | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-13 Health Conditions | Compilant | |
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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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| Pulo | Status | Documenting Statement(s) If a reliable |
| Rule 5101:2-13-02 Provider Medical | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-02 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 | Documenting Statement(S), if applicable |
| 3101.2 13 03 Background Checks | Compilant | |
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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 | Compliant | |
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| Pulo | Status | Documenting Statement(s) If applicable |
| Rule 5101:2-13-02 Change of Location | Status Compliant | Documenting Statement(s), If applicable |
| Jaoa.2-13-02 Change of Location | Compilant | |



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| Rule | Status | Documenting Statement(s), If applicable | | |
| 5101:2-13-07 Provider Requirements | Compliant | | | |
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| Rule | Status | Documenting Statement(s), If applicable | | |
| 5101:2-13-03 Inspection | Compliant | | | |
| Requirements | 1 | | | |
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