



## 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<br>Shyleena's Tiny Hearts               | Program Number<br>2200021387 | Program Type<br>FCC - Type B Home |
| Address<br>2343 E. 33RD ST<br><br>Lorain<br>OH 44055 |                              | County<br>LORAIN                  |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>03/23/2023 | Begin Time<br>10:00 AM   | End Time<br>12:00 PM             |
| Reviewer:<br>Jennifer Verda   |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>68 | No. Rules with Non-compliances<br>3 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>3 |

| 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                | 2          | 0         | 2     |
| Young Toddler   |                  | 1          | 0         | 1     |
| <b>Total Under 2 Years</b>                                |                  | 3          | 0         | 3     |
| Older Toddler   | 6                | 3          | 0         | 3     |
| Preschool   |                  | 4          | 0         | 4     |
| School Age  |                  | 0          | 11        | 11    |
| <b>Total Capacity/Enrollment</b>                          | 6                | 7          | 11        | 21    |

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



### 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: 5101:2-13-04 Fire Safety for Type B Homes

Code: The program is required to follow all requirements in rule regarding emergency exits and operational conditions.



Findings: During the inspection, it was determined the following requirements regarding emergency exits and operational conditions were not met by the program: since the window serving as an alternate means of escape is more than 44 inches from the floor, there must be a platform or stairs placed under the window and firmly attached to either the wall or floor. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 04/23/2023

### Domain: 03 Postings & Equipment

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

Code: The program is required to post the fire and weather alert plan with a diagram.

Findings: During the inspection, it was determined the following information was not posted for item number(s) 1, 2 below:

1. Fire alert plan, including a diagram indicating evacuation routes.
2. Weather alert plan was missing details for tornadoes, storms w/loss of power.
3. Weather alert plan was missing a diagram indicating evacuation routes.

Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 04/23/2023

### 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 2 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 [ ]

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

Corrective Action Plan Due: 04/23/2023

**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 Change of Location          | Compliant |   |
| 5101:2-13-02 Information in OCLQS        | Compliant |   |
| 5101:2-13-02 Provider Medical            | Compliant |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-03 Inspection Requirements                              | Compliant |   |
| 5101:2-13-04 Building Requirements for Type B Homes               | Compliant |   |
| 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant |   |
| 5101:2-13-04 Heaters in a Type B Home                             | Compliant |   |
| 5101:2-13-07 Staff Records  | Compliant |   |
| 5101:2-13-07 Type B Provider - Foster Parent                      | Compliant |   |
| 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 |   |
| Rule  | Status    | Documenting Statement(s), If applicable |



|  |               |  |
|--|---------------|--|
| 5101:2-13-10 Health Training                 | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-10 Professional Development        | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Outdoor Space                   | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Outdoor Equipment               | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Fall Zone                       | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Safe Equipment                  | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Safe Environment                | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Clean environment and equipment | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Handwashing                     | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Smoke Free                      | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Toothbrushing                   | Compliant     |  |



| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-14 Requirements for Field and Routine Trips          | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements                               | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections                               | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements                              | Compliant |   |
| 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 and Confidentiality       | Compliant |   |
| 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 Precautions                | Compliant |   |
| 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 |   |
| 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 |
| 5101:2-13-20 Crib and Playpen Requirements    | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight Care       | 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 |   |
| 5101:2-13-22 Fluid Milk                         | Compliant |   |
| 5101:2-13-22 Food Handling                      | Compliant |   |
| 5101:2-13-23 Infant Daily Care                  | Compliant |   |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant |   |
| 5101:2-13-23 Diapering                          | Compliant |   |
| 5101:2-13-24 Parent Permission for Swimming     | Compliant |   |
| 5101:2-13-25 Medication Requirements            | Compliant |   |
| 5101:2-13-07 Provider Responsibilities          | Compliant |   |
| 5101:2-13-18 Group Size and Ratios              | Compliant |   |



| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 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 |   |
| 5101:2-13-24 On-site Pools                           | Compliant |   |
| 5101:2-13-12 Pets                                    | Compliant |   |
| 5101:2-13-24 Swimming Sites                          | Compliant |   |
| 5101:2-13-17 Materials and Equipment                 | Compliant |   |