## **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 <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. 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            |
| 2343 E. 33RD ST        |                | LORAIN            |
|                        |                |                   |
| Lorain                 |                |                   |
| OH 44055               |                |                   |

|                     | Inspection Information         |                  |                   |              |  |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|--|
| Inspection Type     | Inspection So                  | cope             | Inspection Notice |              |  |  |
| Compliance          | Full                           |                  | Announced         |              |  |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |  |
| 08/15/2023          | 10:00 AM                       | 10:00 AM         |                   | 12:15 PM     |  |  |
| Reviewer:           |                                |                  |                   |              |  |  |
| Jennifer Verda      |                                |                  |                   |              |  |  |
| Summary of Findings |                                |                  |                   |              |  |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |  |
| 68                  | 2                              | 0                | 0                 | 3            |  |  |

| Lic                       | 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)  |   | 1          | 0         | 1     |  |
| Young Toddler             |   | 1          | 0         | 1     |  |
| Total Under 2 Years       | 3   | 2          | 0         | 2     |  |
| Older Toddler             |   | 2          | 0         | 2     |  |
| Preschool                 |   | 4          | 0         | 4     |  |
| School Age                |   | 11         | 0         | 11    |  |
| Total Capacity/Enrollment | 6   | 17         | 0         | 19    |  |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| S. Butcher                                   | Mixed Age Group | 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  |
|   |
|   |
| Moderate Risk Non-Compliances   |
| No Moderate Risk Non-Compliances were observed during this inspection |
|   |
|   |

#### **Low Risk Non-Compliances**

**Domain: 08 Staff Files** 

Rule: 5101:2-13-10 Health Training

Code: The program is required to meet the health training requirements.



Findings: In review of records, it was determined the provider did not have current valid documentation for training listed in number 14 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of the completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

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

Corrective Action Plan Due: 09/14/2023

#### 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.

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Corrective Action Plan Due: 09/14/2023

#### Domain: 09 Children's Files

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

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number 1 below:

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 09/14/2023

# Rules In-Compliance/Not Verified

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-02 License Visible                | Compliant | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary<br>Closure | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location             | Compliant | у                                       |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS           | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical               | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection<br>Requirements     | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements          | Compliant |   |
| for Type B Homes                            |           |   |
|   | L         | 1                                       |



| 5101:2-13-04 Fire Safety for Type B | Compliant           |   |
|-------------------------------------|---------------------|---|
|                                     | Compilant           |   |
| Homes                               |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
|                                     | Compliant           | bocumenting statement(s), if applicable |
| Combustible Materials in a Type B   | Compilant           |   |
| Home                                |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B    | Compliant           |   |
| Home                                |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s) If applicable  |
| 1 1                                 | Status<br>Compliant | Documenting Statement(s), If applicable |
| STOT.2-13-07 Stall Necolus          | Сопірнані           |   |
|                                     |                     |   |
|                                     |                     |   |
|                                     | Status              | Documenting Statement(s), If applicable |
| 7.                                  | Compliant           |   |
| Parent                              |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
|                                     | Compliant           | gotation (e), it approach               |
| , , ,                               | ·                   |   |
|                                     |                     |   |
|                                     | 61.1                |   |
|                                     | Status              | Documenting Statement(s), If applicable |
| Requirements                        | Compliant           |   |
| Requirements                        |                     |   |
|                                     |                     |   |
|                                     | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower         | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
|                                     | Compliant           | 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
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| Dula                                | Chahara             | Downson Charles (1) If It I             |
|                                     | Status              | Documenting Statement(s), If applicable |
|                                     | Compliant           |   |
| Development                         |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |

| 5101:2-13-11 Outdoor Space                            | Compliant |   |
|---|-----------|---|
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment                        | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                                | Compliant | bocumenting statement(s), it applicable |
| 3101.2 13 11 1411 20110                               | Compilant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment                           | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment                         | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and equipment          | Compliant | <u> </u>                                |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                              | Compliant | booumenting statement(s); if approache  |
|   |           |   |
| 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 | , , , , , , , , , , , , , , , , , , ,   |
|   |           |   |
| 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 |
| Nuic  | Jacatus   | bocumenting statement(3), 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           | Documenting Statement(s), If applicable     |
| Rule  | Status              | Decumenting Statements   If applicable      |
| 5101:2-13-14 Vehicle Inspections                                | Compliant           | Documenting Statement(s), If applicable     |
| Dula  | Chahira             | Design outline Chatage author If and inchie |
| S101:2-13-14 Vehicle Requirements                               | Status Compliant    | Documenting Statement(s), If applicable     |
| Rule  | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-15 Health Conditions                                  | Compliant           | Documenting Statement(s), if applicable     |
|   |                     |   |
| Sample 5101:2-13-15 Child Records Retention and Confidentiality | Status<br>Compliant | Documenting Statement(s), If applicable     |
| Rule  | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-16 Medical, Dental, and<br>General Emergency Plan     | Compliant           | Bootimenting statement(3), it applicable    |
|   |                     |   |
| Rule 5101:2-13-16 Emergency Drills                              | Status<br>Compliant | Documenting Statement(s), If applicable     |
|   |                     |   |
| Rule 5101:2-13-16 First Aid Kit/Standard Precautions            | Status Compliant    | Documenting Statement(s), If applicable     |
|   |                     |   |
| Samue 5101:2-13-16 Communicable Diseases                        | Status Compliant    | Documenting Statement(s), If applicable     |
|   |                     |   |
| Rule 5101:2-13-16 Incident/Injury                               | Status<br>Compliant | Documenting Statement(s), If applicable     |

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| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan   | Compliant |   |
|  | ·         |   |
|  |           |   |
|  | •         | <u>.</u>                                |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance  | Compliant | Grant Signature Signature               |
| 3101.2 13 13 / ((()) ()  | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
|  |           | Bocamenting statement(s), it applicable |
| 5101:2-13-19 Supervision   | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement/s\ If and leaking |
|  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision  | Compliant |   |
|  |           |   |
|  |           |   |
|  | 1         | 2                                       |
| 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   | Compliant |   |
| Requirements   |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen  | Compliant |   |
| Requirements   |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight   | Compliant |   |
| Care   |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment  | Compliant |   |
| and Hygiene  | '         |   |
| 2  |           |   |
|  | •         |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks  | Compliant |   |
| Description of the second of t | 33        |   |
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| Pule                                   | Ctatus    | Decumenting Statement(s) If applicable  |
|--|-----------|---|
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                | Compliant |   |
|  |           |   |
|  |           |   |
| D. J.                                  | Chatara   | D                                       |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling             | Compliant |   |
|  |           |   |
|  |           |   |
|  |           | D '' C' ' '' '' '' '' '' '' ''          |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care         | Compliant |   |
|  |           |   |
|  |           |   |
| D 1                                    | C         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food    | Compliant |   |
| Preparation                            |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant |   |
| Swimming                               |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant |   |
| Requirements                           |           |   |
|  | <u>l</u>  |   |
|  |           |   |
| 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 |
|------------------------------|-----------|---|
| 5101:2-13-12 Carbon Monoxide | Compliant | Documenting Statement(s), if applicable |
|                              | Compliant |   |
| Detectors - Type B Only      |           |   |
|                              | I         | I                                       |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space    | Compliant | bocumenting statement(3), if applicable |
| 3101.2-13-11 md00r 3pace     | Compliant |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming     | Compliant | - 0 ( // 11                             |
|                              |           |   |
|                              |           |   |
|                              |           |   |
| 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 Pets            | Compliant |   |
|                              |           |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites  | Compliant |   |
|                              |           |   |
|                              |           |   |
| 2.1                          |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and   | Compliant |   |
| Equipment                    |           |   |
|                              |           |   |