

# **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               |                |                   |

|                     | Insp                           | ection Information |                   |              |  |
|---------------------|--------------------------------|--------------------|-------------------|--------------|--|
| Inspection Type     | Inspection So                  | cope               | Inspection Notice |              |  |
| Compliance          | Full                           | (00)               | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                    | End Time          |              |  |
| 10/16/2025          | 5:30 PM                        | 5:30 PM            |                   | 7:30 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                  | 3                              | 0                  | 0                 | 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 2          | 0         | 2     |
| School Age  |                  | 8          | 0         | 8     |
| Total Capacity/Enrollment                                 | 6                | 11         | 0         | 13    |

| 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 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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| Madayata Biak Nan Camplianasa   |
| 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: 5180:2-13-03 Inspection Requirements

Code: The program is required to respond to all non-compliances by the date noted in the inspection report.

Findings: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 3/06/2025. The rule requires the program complete and submit a



corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/16/2025

#### Domain: 04 Indoor/Outdoor Space

Rule: 5180:2-13-11 Fall Zone

Code: The program is required to use fall surface material according to manufacturer's guidelines and provide fall zones around equipment to prevent injury if a child were to fall.

Findings: During the inspection, it was determined the fall zone under and around equipment designated for climbing, swinging, balancing and sliding did not meet the requirements as noted in number 1 below:

- 1. The fall surface material had not been properly distributed, turned over or raked as needed.
- 2. The fall surface material was not being used according to manufacturer's guidelines for its use as a fall surface.
- 3. Other [].

The program is required to provide adequate fall zones under and around outdoor play equipment at all times. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/16/2025

#### Domain: 05 Health & Safety

Rule: 5180:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit onsite as required, that included all items listed in the appendix A of the rule. The kit was missing the item(s) listed in number 8 below:

- 1. One roll of first-aid tape;
- 2. Individually wrapped sterile gauze;

squares in assorted sizes;

- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;



- 8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;
- 12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
- 13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
- 14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 11/16/2025

## Rules In-Compliance/Not Verified

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5180:2-13-02 Voluntary Temporary  | Compliant |   |
| Closure                           |           |   |
| ı <u> </u>                        |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible      | Compliant |   |
|                                   |           |   |
| <u> </u>                          |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location   | Compliant |   |
|                                   |           |   |
| <u> </u>                          |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS | Compliant |   |
|                                   |           |   |
|                                   |           |   |
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| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|--|-----------|--|
| 5180:2-13-02 Provider Medical          | Compliant | boddinenting statement(s), if applicable |
| 3180.2-13-02 Flovider Medical          | Compliant |  |
|  |           |  |
|  |           |  |
| Rule                                   | Chahira   | Description Statement(s) If applicable   |
|  | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-04 Building Requirements     | Compliant |  |
| for Type B Homes                       |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-04 Fire Safety for Type B    | Compliant |  |
| Homes                                  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-04 Flammable and             | Compliant |  |
| Combustible Materials in a Type B      |           |  |
| Home                                   |           |  |
| Trome                                  | <u>I</u>  |  |
| Rule                                   | Chatus    | Decumenting Statement/s) If a williaming |
|  | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-04 Heaters in a Type B       | Compliant |  |
| Home                                   |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-07 Staff Records             | Compliant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-07 Provider Responsibilities | Compliant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13 Written Policies and         | Compliant |  |
| Procedures                             | Compilant |  |
| Trocedures                             |           |  |
|  | I.        |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  | Compliant | bootamenting statement(s), it applicable |
| 5180:2-13-07 Type B Provider - Foster  | Compilant |  |
| Parent                                 |           |  |
|  | I         |  |
| D.J.                                   | Chabin    | Designation Chat was the little          |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-08 Employee Requirements     | Compliant |  |
|  |           |  |
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| ×                                      |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |



| 5180:2-13-08 Child Care Staff<br>Requirements | Compliant |   |
|---|-----------|---|
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower                   | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-09 Background Checks                | Compliant | Documenting Statement(s), if applicable |
| 3100.2 13 03 Background checks                | Соттриате |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Health Training                  | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Professional                     | Compliant |   |
| Development                                   |           |   |
| <u> </u>                                      |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Indoor Space                     | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Space                    | Compliant | Documenting Statement(s), if applicable |
| 5180.2-13-11 Outdoor Space                    | Compilant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Equipment                | Compliant |   |
| Rule  | Status    | Decumenting Statement/-) If a well-all- |
| 100000000000000000000000000000000000000       | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment                   | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Environment                 | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Carbon Monoxide                  | Compliant |   |
| Detectors - Type B Only                       | *         |   |



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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets                   | Compliant |   |
|                                     |           |   |
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|                                     |           | T                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Clean environment and  | Compliant |   |
| equipment                           |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Smoke Free             | Compliant |   |
|                                     |           |   |
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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Medical and      | Compliant |   |
| Enrollment Records                  |           |   |
|                                     |           |   |
| <b>D</b> 1                          |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Handwashing            | Compliant |   |
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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing          | Compliant |   |
|                                     |           |   |
|                                     | <u> </u>  |   |
| Rule                                | Ctatus    | Desumenting Statement(s) If applicable  |
|                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field | Compliant |   |
| and Routine Trips                   |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Ratio and Supervision  | Compliant | Documenting Statement(s), it applicable |
|                                     | Compilant |   |
| for Field and Routine Trips         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements    | Compliant | bocumenting statement(s), it applicable |
| 5100.2-15-14 Driver Requirements    | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| TUIC                                |           | bocumenting statement(s), it applicable |
| 5180-2-13-14 Vahida Inspections     | Compliant |   |
| 5180:2-13-14 Vehicle Inspections    | Compliant |   |
| 5180:2-13-14 Vehicle Inspections    | Compliant |   |



| Rule                                 | Status   | Documenting Statement(s), If applicable  |
|--------------------------------------|--|--|
| 5180:2-13-14 Vehicle Requirements    | Compliant  |  |
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| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Health Conditions       | Compliant  |  |
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| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-15 Child Records Retention | Compliant  |  |
| and Confidentiality                  |  |  |
| and confidentiality                  |  |  |
|                                      |  |  |
|                                      |  | 2  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Medical, Dental, and    | Compliant  |  |
| General Emergency Plan               |  |  |
| Scheral Emergency Flair              |  |  |
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| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Emergency Drills        | Compliant  |  |
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| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Communicable Diseases   | Compliant  |  |
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| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Incident/Injury         | Compliant  |  |
|                                      | 1  |  |
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| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-16 Emergency               | Compliant  |  |
| Preparedness and Response Plan       | and the state of t |  |
| Tepareuness and Nesponse Hail        |  |  |
|                                      | L  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-17 Programming             | Compliant  |  |
|                                      | property and the state of the s |  |
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| L                                    | I,   |  |
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| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| 5180:2-13-17 Materials and           | Compliant  |  |
| 72-90 000                            |  |  |
| Equipment                            |  |  |
|                                      |  |  |
|                                      |  |  |
| Rule                                 | Status   | Documenting Statement(s), If applicable  |
| Itale                                | Status   | bocumenting statement(s), if applicable  |
| 5180:2-13-18 Group Size and Ratios   | Compliant  | Bocumenting statement(3), ii applicable  |



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| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-18 Attendance             | Compliant     |   |
|                                     |               |   |
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|                                     | -             |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-19 Supervision            | Compliant     |   |
|                                     |               |   |
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| - And Ann                           |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision | Compliant     |   |
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| Dal-                                | Chatain       | D                                       |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight  | Compliant     |   |
| Care                                |               |   |
|                                     | ļ.            |   |
| D. F.                               | Charles       | D                                       |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-20 Sleep and Nap          | Compliant     |   |
| Requirements                        |               |   |
|                                     |               |   |
| Rule                                | Status        | Decumenting Statement(s) If applicable  |
| 5180:2-13-19 Child Guidance         |               | Documenting Statement(s), If applicable |
| 5180:2-15-19 Child Guidance         | Compliant     |   |
|                                     |               |   |
|                                     | 1             |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-20 Crib and Playpen       | Compliant     | Desamenting Statement(s), it applicable |
| Requirements                        | Compliant     |   |
| Nequilements                        |               |   |
|                                     | 1             |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment   | Compliant     | S - Sterrier (-), it applicants         |
| and Hygiene                         | - Compilation |   |
| and Hygiene                         |               |   |
|                                     | •             | •                                       |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-22 Meals and Snacks       | Compliant     |   |
|                                     |               |   |
|                                     |               |   |
|                                     | •             | ·                                       |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5180:2-13-22 Food Handling          | Compliant     |   |
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|--|---|--|
| Rule   | Status                                    | Documenting Statement(s), If applicable  |
| 5180:2-13-22 Fluid Milk  | Compliant                                 |  |
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| Rule   | Status                                    | Documenting Statement(s), If applicable  |
| 5180:2-13-23 Infant Daily Care   | Compliant                                 |  |
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| Rule   | Status                                    | Documenting Statement(s), If applicable  |
| 5180:2-13-23 Infant Bottle and Food  | Compliant                                 |  |
| Preparation  |   |  |
| reparation   |   |  |
|  | 1   | ,  |
| Rule   | Status                                    | Documenting Statement(s), If applicable  |
| 5180:2-13-23 Diapering   | Compliant                                 | Bootimenting statement(s), it applicable |
| 5100.2 15 25 Diapering   | Compliant                                 |  |
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|  | <u> </u>                                  |  |
| Rule   | Status                                    | Decumenting Statement(s) If applicable   |
|  |   | Documenting Statement(s), If applicable  |
| 5180:2-13-24 On-site Pools   | Compliant                                 |  |
|  |   |  |
|  |   |  |
|  |   |  |
| Rule   | Status                                    | Documenting Statement(s), If applicable  |
| 5180:2-13-24 Swimming Sites  | Compliant                                 |  |
|  |   |  |
|  |   |  |
|  |   |  |
| Rule   | Status                                    | Documenting Statement(s), If applicable  |
| 5180:2-13-24 Parent Permission for   | Compliant                                 |  |
| Swimming   |   |  |
| 576  |   |  |
|  |   |  |
| Rule   | Status                                    | Documenting Statement(s), If applicable  |
| 5180:2-13-25 Medication  | Compliant                                 |  |
| Requirements   | ,   |  |
| 1  |   |  |
|  | <u>.</u>                                  |  |