

## 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://ifs.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>Tiny Hands Big Hearts Childcare            | Program Number<br>2250031964 | Program Type<br>FCC - Type B Home |
| Address<br>1319 Franklin Ave<br><br>Cincinnati<br>OH 45237 | County<br>HAMILTON           |                                   |

| Inspection Information         |                                     |                          |                        |                                |
|--------------------------------|-------------------------------------|--------------------------|------------------------|--------------------------------|
| Inspection Type<br>Pre-license |                                     | Inspection Scope<br>Full |                        | Inspection Notice<br>Announced |
| Inspection Date<br>08/27/2025  |                                     | Begin Time<br>10:11 AM   |                        | End Time<br>11:56 AM           |
| Reviewer:<br>Gina McDevitt     |                                     |                          |                        |                                |
| Summary of Findings            |                                     |                          |                        |                                |
| No. Rules Verified<br>68       | No. Rules with Non-compliances<br>4 | No. Serious Risk<br>0    | No. Moderate Risk<br>1 | No. Low Risk<br>5              |

| 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     |
| <b>Total Under 2 Years</b>                                |                  | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          |                  | 0          | 0         | 0     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| 08/27/2025                                   | 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**

#### Moderate Risk Non-Compliances

##### **Domain: 02 Safe & Sanitary Environment**

**Rule: 5180:2-13-12 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 in the building or carbon monoxide detector(s) were not [placed/installed/tested/maintained] in accordance with manufacturer's recommendations. 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: 09/26/2025**

#### Low Risk Non-Compliances

**Domain: 00 License & Approvals**

Rule: 5180:2-13-04 Fire Safety for Type B Homes

Code: The program is required to meet all requirements for fire extinguishers.

Findings: During the inspection, it was determined the fire extinguisher was not meeting the requirements in the following number 4 listed below:

1. There was no fire extinguisher.
2. The fire extinguisher was not working.
3. The fire extinguisher was not rated at the minimum rating.
4. The fire extinguisher had expired.
5. The fire extinguisher was not located in the kitchen where food is provided for child care or cooking area.

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

Corrective Action Plan Due: 09/26/2025

#### **Domain: 00 License & Approvals**

Rule: 5180:2-13-04 Fire Safety for Type B Homes

Code: The program is required to maintain smoke alarms in the appropriate areas of the program building.

Findings: During the inspection, it was determined that the Type B Home did not have a working smoke alarm on each level of the home or smoke alarm(s) were not [placed/installed/tested/maintained] in accordance with manufacturer's recommendations. A working smoke alarm 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: 09/26/2025

#### **Domain: 03 Postings & Equipment**

Rule: 5180:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in numbers 2,3,4,5 & 6 below:

1. The plan was not posted on each level of the home used for child care.
2. The name, address and telephone number of the program were not complete.
3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.

4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
5. Location of children's records was not complete.
6. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
7. The current version of the prescribed form was not used.
8. The plan was not implemented when necessary in that [ ].

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

Corrective Action Plan Due: 09/26/2025

**Domain: 03 Postings & Equipment**

Rule: 5180:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by rule.

Findings: During the inspection, it was determined the JFS 01201 "Dental First Aid" was not completed. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/26/2025

**Domain: 08 Staff Files**

Rule: 5180:2-13-10 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(s) listed in numbers 2 & 6 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: 09/26/2025

#### Rules In-Compliance/Not Verified

| Rule                                     | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-13-02 Voluntary Temporary Closure | Compliant |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible             | Compliant |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location          | Compliant |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS        | Compliant |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical            | Compliant |   |
| Rule                                     | Status    | Documenting Statement(s), If applicable |

|   |               |  |
|---|---------------|--|
| 5180:2-13-03 Inspection Requirements                              | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-04 Building Requirements for Type B Homes               | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-07 Provider Responsibilities                            | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-04 Heaters in a Type B Home                             | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-07 Staff Records  | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13 Written Policies and Procedures                         | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-07 Type B Provider - Foster Parent                      | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Employee Requirements                                | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Child Care Staff Requirements                        | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-08 Whistle Blower                                       | Compliant     |  |

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|--|---------------|--|
|  |               |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-09 Background Checks                                 | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-10 Professional Development                          | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Indoor Space                                      | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Outdoor Space                                     | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Outdoor Equipment                                 | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Fall Zone   | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Safe Equipment                                    | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Safe Environment                                  | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Pets  | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant     |  |

| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|---|
| 5180:2-13-13 Toothbrushing | Compliant |   |

| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|---|
| 5180:2-13-13 Smoke Free | Compliant |   |

| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-13-13 Clean environment and equipment | Compliant |   |

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-14 Requirements for Field and Routine Trips | Compliant |   |

| Rule                     | Status    | Documenting Statement(s), If applicable |
|--------------------------|-----------|---|
| 5180:2-13-13 Handwashing | Compliant |   |

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5180:2-13-14 Driver Requirements | Compliant |   |

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5180:2-13-14 Vehicle Inspections | Compliant |   |

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5180:2-13-14 Vehicle Requirements | Compliant |   |

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-15 Child Medical and Enrollment Records | Compliant |   |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5180:2-13-15 Health Conditions | Compliant |   |

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|---|
|------|--------|---|



|  |               |  |
|--|---------------|--|
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Emergency Drills                            | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 First Aid Kit/Standard Precautions          | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Communicable Diseases                       | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Incident/Injury                             | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-16 Emergency Preparedness and Response Plan    | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-17 Programming                                 | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-17 Materials and Equipment                     | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-18 Group Size and Ratios                       | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-18 Attendance                                  | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 Supervision                                 | Compliant     |  |

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|---|---------------|--|
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| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 School Age Supervision           | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Sleep and Nap Requirements       | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 Child Guidance                   | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Crib and Playpen Requirements    | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-21 Evening and Overnight Care       | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-21 Sanitary Environment and Hygiene | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Meals and Snacks                 | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Fluid Milk                       | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Food Handling                    | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Daily Care                | Compliant     |  |

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering                          | Compliant |   |
| Rule  | Status    | 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 Swimming     | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication Requirements            | Compliant |   |