## **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      |  |
| Precious Angel's Wondercare - Raedel | 00000906069538 | FCC - Type B Home |  |
| Stallworth-Shaffer                   |                |                   |  |
| Address                              |                | County            |  |
| 510 MAPLE GROVE LANE                 |                | COLUMBIANA        |  |
|                                      |                |                   |  |
| NEW WATERFORD                        |                |                   |  |
| OH 44445                             |                |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | ope              | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 01/13/2023             | 9:05 AM                        |                  | 9:10 AM           |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 01/26/2023             | 9:05 AM 10:45 AM               |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| Marie Keller           |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| Marie Keller           |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 65                     | 0                              | 0                | 0                 | 0            |

| 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   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 1          | 1         | 2     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 4         | 4     |
| Total Capacity/Enrollment                                 | 6                | 1          | 5         | 7     |

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



| MIXED AGE GROUP   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 were observed during this inspection  Moderate Risk Non-Compliances  Moderate Risk Non-Compliances  Moderate Risk Non-Compliances  Moderate Risk Non-Compliances  Moderate Risk Non-Compliances |   |
|--|---|
| Moderate Risk Non-Compliances  | Serious Risk Non-Compliances  |
| Moderate Risk Non-Compliances  | No Serious Risk Non-Compliances were observed during this inspection  |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Io Moderate 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   | Low Risk Non-Compliances  |
| lo Low Risk Non-Compliances were observed during this inspection   | No Low Risk Non-Compliances were observed during this inspection      |
| F. T.  |   |
|  |   |

|  | Rules In-Compliance/Not V   | orified                                 |
|--|-----------------------------|---|
|  | rules III-compliance/140t V | erineu                                  |
|  |                             |   |
|  |                             |   |
| Rule                                     | Status                      | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible             | Compliant                   |   |
|  |                             |   |
|  |                             |   |
| Rule                                     | Status                      | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS        | Compliant                   |   |
|  |                             |   |
|  | 1                           |   |
| 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                  | Compliant                   | - U 11 -                                |
| Requirements                             |                             |   |
|  | L                           |   |
| Rule                                     | Status                      | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements       | Compliant                   | bocumenting statement(3), if applicable |
| for Type B Homes                         |                             |   |
|  |                             |   |
| P. J.                                    | Chahara                     | Downson Charles and All Control         |
| Rule 5101:2-13-04 Fire Safety for Type B | Status<br>Compliant         | Documenting Statement(s), If applicable |
| Homes                                    | Compilant                   |   |
|  |                             |   |
|  |                             |   |
| Rule                                     | Status                      | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and               | Compliant                   |   |
| Combustible Materials in a Type B Home   |                             |   |
| Home                                     |                             |   |
| Rule                                     | Status                      | Documenting Statement(s), If applicable |

| Beginning!                           |               |  |
|--------------------------------------|---------------|--|
| 5101:2-13-04 Heaters in a Type B     | Compliant     |  |
| Home                                 |               |  |
|                                      |               |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-05 Denial, Revocation, and | Compliant     |  |
| Suspension                           | ·             |  |
|                                      |               |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records           | Compliant     |  |
|                                      |               |  |
|                                      |               |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff        | Compliant     |  |
| Requirements                         |               |  |
|                                      |               |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Whistle Blower          | Compliant     |  |
|                                      |               |  |
|                                      |               |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-09 Background Checks       | Compliant     |  |
|                                      |               |  |
|                                      |               |  |
|                                      |               |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training         | Compliant     | 44, 44,                                  |
|                                      | - Compilario  |  |
|                                      |               |  |
|                                      | -             |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Professional            | Compliant     | 5  |
| Development                          | - Compilation |  |
| Development                          |               |  |
|                                      | 1             |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space           | Not Verified  | ,  |
| 3101.2 13 11 34(400) 39466           |               |  |
|                                      |               |  |
| <u> </u>                             | 1             |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment       | Not Verified  | 2 commenting otatement(o), it applicable |
| 3101.2 13 11 Outdoor Equipment       | Not verified  |  |
|                                      |               |  |
| <del> </del>                         | 1             |  |
| Rule                                 | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Fall Zone               | Not Verified  | bookinenting statement(s), it applicable |
| DIOT'S-12-11 Lall SOLLS              | NOT VEHILEU   |  |

| Designation .                       |           |   |
|-------------------------------------|-----------|---|
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 | 0 (" 11                                 |
| 310112 10 12 date Environment       | Compilant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and  | Compliant | bocumenting statement(3), if applicable |
|                                     | Compliant |   |
| equipment                           |           |   |
|                                     |           | l                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | Documenting statement(s), if applicable |
| 5101:2-13-13 Handwashing            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 | Compliant |   |
| and Routine Trips                   |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision  | Compliant |   |
| for Field and Routine Trips         |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and      | Compliant |   |
| Enrollment Records                  |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions      | Compliant | , , , , , , , ,                         |
|                                     | F         |   |
|                                     | i.        |   |

| Deg <u>inding</u>                    |           |  |
|--------------------------------------|-----------|--|
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention | Compliant | 0 (// 11                                 |
|                                      | Compilant |  |
| and Confidentiality                  |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Medical, Dental, and    | Compliant |  |
| General Emergency Plan               |           |  |
| 8-1,                                 |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
|                                      |           | bocumenting 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  | Compliant |  |
| Precautions                          | , ,       |  |
| Trecautions                          |           |  |
|                                      | <u> </u>  |  |
| D 1                                  | l c       | D '' C' ' '/ \ I'   I'   I               |
| 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 |  |
| 3101.2 13 10 metaerty mjary          | Compilant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| 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              |           | boddinenting statement(s), it applicable |
| 2101.2-12-10 Affelliance             | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision             | Compliant |  |
| 1                                    | '         |  |
|                                      |           |  |
|                                      | L         |  |
| D. J.                                | Chahara   | December 11 11 11 11 11 11               |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision  | Compliant |  |
| T .                                  |           |  |
|                                      |           |  |

| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|--|
| 5101:2-13-19 Child Guidance         | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Sleep and Nap          | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Dula                                | Chatura   | Decumenting Statement (a) If a militable |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Crib and Playpen       | Compliant |  |
| Requirements                        |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Evening and Overnight  | Compliant |  |
| Care                                | Compilant |  |
|                                     |           |  |
|                                     |           | ·  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Sanitary Environment   | Compliant |  |
| and Hygiene                         |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Meals and Snacks       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Fluid Milk             | Compliant | Documenting Statement(s), it applicable  |
| 3101.2-13-22 Hala Wilk              | Compilant |  |
|                                     |           |  |
| 1                                   |           | 1  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-22 Food Handling          | Compliant |  |
| Ĭ                                   | ,         |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Daily Care      | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Dula                                | Chahua    | Decrine ontine Chater                    |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Bottle and Food | Compliant |  |
| Preparation                         |           |  |
|                                     | _1        |  |
|                                     |           |  |

| Rule                                   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-23 Diapering                 | Compliant | Ç ("                                    |
| 010112                                 |           |   |
|  |           |   |
|  | I         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant | bocumenting statement(s), it applicable |
|  | Compilant |   |
| Requirements                           |           |   |
|  |           |   |
| Rule                                   | Status    | Decumenting Statement/s) If applicable  |
|  |           | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant |   |
|  |           |   |
|  |           |   |
|  | l a       |   |
| 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 |   |
| Detectors - Type B Only                | ·         |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space              | Compliant | 3 (7 11                                 |
| ololic lo lo macor opaco               |           |   |
|  |           |   |
| <u> </u>                               | 1         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming               | Compliant |   |
| J101.2-13-17 Flogramming               | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
|  |           | Documenting statement(s), it applicable |
| 5101:2-13-12 Pets                      | Compliant |   |
|  |           |   |
|  |           |   |
| 0.1                                    | C         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and             | Compliant |   |
| Equipment                              |           |   |
|  |           |   |
|  |           |   |
|  |           |   |

