## **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 | 000000906069538 | FCC - Type B Home |
| Stallworth-Shaffer                   |                 |                   |
| Address                              |                 | County            |
| 510 MAPLE GROVE LANE                 |                 | COLUMBIANA        |
|                                      |                 |                   |
| NEW WATERFORD                        |                 |                   |
| OH 44445                             |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 01/31/2024             | 9:00 AM                        |                  | 10:45 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Marie Keller           |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 69                     | 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)                                  |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 2          | 0         | 2     |
| Total Capacity/Enrollment                                 | 6                | 4          | 0         | 5     |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group Age Group/Range Ratio Observed Comment |  |        |  |
| MIXED AGE GROUP                              |  | 1 to 2 |  |



## **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 |
|   |
|   |
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|   |
|   |
|   |
|   |
| Low Risk Non-Compliances  |
| No Low Risk Non-Compliances were observed during this inspection      |
|   |
|   |

|                                     | Rules In-Compliance/Not V | erified                                 |
|-------------------------------------|---------------------------|---|
|                                     | tales in-compliance/NOCV  | Cinicu                                  |
|                                     |                           |   |
|                                     |                           |   |
| Rule                                | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible        | Compliant                 |   |
|                                     | <u> </u>                  |   |
|                                     |                           |   |
| 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             | Compliant                 |   |
| Requirements                        |                           |   |
|                                     | ·                         | <u> </u>                                |
| Rule                                | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements  | Compliant                 |   |
| for Type B Homes                    |                           |   |
|                                     | 1                         | -                                       |
| Rule                                | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant                 |   |
| Homes                               |                           |   |
|                                     | 1                         |   |
| Rule                                | Status                    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and          | Compliant                 |   |
| Combustible Materials in a Type B   |                           |   |
| Home                                | 1                         |   |
| Rule                                | Status                    | Documenting Statement(s), If applicable |

| 5101:2-13-04 Heaters in a Type B<br>Home | Compliant |  |
|--|-----------|--|
| Rule                                     | Status    | Documenting Statement(s) If applicable   |
| 5101:2-13-07 Staff Records               | Compliant | Documenting Statement(s), If applicable  |
| 5101.2-13-07 Staff Records               | Сотрианс  |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Whistle Blower              | Compliant | Documenting Statement(s), if applicable  |
| 5101.2 13 00 WHISTIC BIOWEI              | Compilant |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-09 Background Checks           | Compliant | Documenting Statement(s), if applicable  |
| JIOI.2-13-03 Background Checks           | Compliant |  |
| Dida                                     | Chabus    | Decimanting Chatery and A. If a maliant  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training             | Compliant |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Professional                | Compliant | bootinenting statement(5), it applicable |
| 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 Fall Zone                   | Compliant |  |
| Rule                                     | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment              | Compliant | bocumenting statement(s), if applicable  |
| 5101.2 15 12 Sale Equipment              | Соттрианс |  |
| 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        |   |
|---|------------------|---|
| Rule  | Status           | Documenting Statement(s), If applicable         |
| 5101:2-13-13 Handwashing                                    | Compliant        | bocumenting statement(s), if applicable         |
| Rule  | Status           | Decumenting Statement(s) If applicable          |
| 5101:2-13-13 Smoke Free                                     |                  | Documenting Statement(s), If applicable         |
| 5101.2-15-15 SHIOKE FIEE                                    | Compliant        |   |
| Rule  | Status           | Documenting Statement(s), If applicable         |
| 5101:2-13-15 Child Medical and                              | Compliant        | Socialite in the state in entropy in applicable |
| Enrollment Records  | Compilant        |   |
| Rule  | Status           | Documenting Statement(s), If applicable         |
| 5101:2-13-15 Child Records Retention and Confidentiality    | Compliant        |   |
|   | I a              |   |
| Rule  | Status           | Documenting Statement(s), If applicable         |
| 5101:2-13-16 Medical, Dental, and<br>General Emergency Plan | Compliant        |   |
| Rule  | Status           | Documenting Statement(s), If applicable         |
| 5101:2-13-16 Emergency Drills                               | Compliant        | Documentary in approach                         |
|   |                  |   |
| Rule  | Status           | Documenting Statement(s), If applicable         |
| 5101:2-13-16 First Aid Kit/Standard Precautions             | Compliant        |   |
| Pulo  | Status           | Documenting Statement(s) If applicable          |
| Rule 5101:2-13-16 Communicable Diseases                     | Status Compliant | Documenting Statement(s), If applicable         |
| 3101.2-13-10 Communicable Diseases                          | Соприанс         |   |
| Rule  | Status           | Documenting Statement(s), If applicable         |
| 5101:2-13-16 Disaster Plan                                  | Compliant        | Socumenting statement(s), if applicable         |
| 5251.2 15 15 Disaster Fiam                                  | Compilant        |   |
|   |                  |   |
| Rule  | Status           | Documenting Statement(s), If applicable         |
| 5101:2-13-18 Attendance                                     | Compliant        |   |

|  | <u> </u>    |  |
|--|-------------|--|
| Rule                                   | Status      | Documenting Statement(s), If applicable    |
|  |             | bocumenting statement(s), if applicable    |
| 5101:2-13-19 Supervision               | Compliant   |  |
|  |             |  |
| L                                      | <u> </u>    |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable    |
| 5101:2-13-19 Child Guidance            |             | bocumenting statement(s), if applicable    |
| 5101.2-15-19 Cillia Galdance           | Compliant   |  |
|  |             |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable    |
| 5101:2-13-20 Sleep and Nap             | Compliant   | bocumenting statement(s), if applicable    |
|  | Compilant   |  |
| Requirements                           |             |  |
|  | 1           |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable    |
| 5101:2-13-20 Crib and Playpen          | Compliant   | 2 Statisticing Statement(s), it applicable |
| Requirements                           | Compilant   |  |
| Requirements                           |             |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable    |
| 5101:2-13-21 Sanitary Environment      | Compliant   | Bocumenting statement(5), it applicable    |
| and Hygiene                            | Compilation |  |
| and Hygiene                            |             |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable    |
| 5101:2-13-22 Fluid Milk                | Compliant   | 3 (7 11                                    |
|  |             |  |
|  |             |  |
|  |             |  |
| Rule                                   | Status      | Documenting Statement(s), If applicable    |
| 5101:2-13-22 Food Handling             | Compliant   |  |
|  |             |  |
|  |             |  |
|  |             |  |
| 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 |   |
| Detectors - Type B Only      |           |   |
| D.J.                         | Chahara   | Decrease Chatemant (1) If and include   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space    | Compliant |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming     |           | bocumenting statement(3), if applicable |
| 5101.2-15-17 Flogramming     | Compliant |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets            | Compliant |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and   | Compliant |   |
| Equipment                    |           |   |
| • •                          |           |   |