

## 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>Guardian Angel Childcare and Learning Center | Program Number<br>2210024031 | Program Type<br>FCC - Type B Home |
| Address<br>3284 jacklin dr<br><br>Pickerington<br>OH 43147   | County<br>FAIRFIELD          |                                   |

| Inspection Information                            |                                     |                          |                        |                                |
|---------------------------------------------------|-------------------------------------|--------------------------|------------------------|--------------------------------|
| Inspection Type<br>Amendment - change of location |                                     | Inspection Scope<br>Full |                        | Inspection Notice<br>Announced |
| Inspection Date<br>05/27/2025                     |                                     | Begin Time<br>9:34 AM    |                        | End Time<br>11:03 AM           |
| Reviewer:<br>Shannon Adams                        |                                     |                          |                        |                                |
| Summary of Findings                               |                                     |                          |                        |                                |
| No. Rules Verified<br>68                          | No. Rules with Non-compliances<br>5 | 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 |           | Total |
|                                                           | Totals           | Full Time  | Part Time |       |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler                                             |                  | 0          | 0         | 0     |
| <b>Total Under 2 Years</b>                                | 3                | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 0          | 0         | 0     |
| School Age                                                |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 0          | 0         | 0     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|----------------------------------------------|-----------------|----------------|---------|
| Group                                        | Age Group/Range | Ratio Observed | Comment |
| Guardian Angel Childcare Mixed Age Group     | 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 Safe Environment

Code: The program is required to protect children from any items and conditions which threaten their health, safety, and well-being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined the program did not protect children from an unsafe item or condition or equipment due to the following number 18 below:

1. Pull cord(s) on the window blind(s).
2. Extension cord(s); electrical cord(s) attached to an object that could result in a severe injury if pulled.
3. Stacked tables.
4. Folding tables.
5. Matches and/or a lighter.
6. Power tool(s).
7. Live wires.
8. Stove(s) that are either on or able to be turned on by a child.
9. Asbestos.
10. Traffic.
11. A body of water.
12. A well.
13. Environmental hazard(s) confirmed by local authorities having jurisdiction over the hazard.
14. A crockpot used to heat bottles.
15. Immediate access to a knife.
16. Large or heavy pieces of shelving units are not securely anchored to the wall.

17. Marijuana was accessible to children.
18. Other - scissors and other office supplies.

Any hazardous equipment must be removed, replaced, or repaired and any hazardous condition must be corrected and must be made inaccessible to children. Provide staff training. Submit the program's corrective action plan, which includes a statement that the item or condition has been removed and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/28/2025

#### Low Risk Non-Compliances

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

Rule: 5180:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 145 in the following room, bathroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/28/2025

##### **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 number 7 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: 06/28/2025

**Domain: 03 Postings & Equipment**

Rule: 5180:2-13-17 Programming

Code: The program is required to have a daily schedule posted in a visible place.

Findings: During the inspection, it was determined the daily schedule was not updated and posted in the program. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/28/2025

**Domain: 05 Health & Safety**

Rule: 5180:2-13-22 Fluid Milk

Code: The program is to ensure that children are served age-appropriate fluid milk.

Findings: During the inspection, it was determined that the program did not have the type of milk on-site to ensure that all children were served age-appropriate fluid milk requirements. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/28/2025

**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 trainings listed in numbers 1, 4, and 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: 06/28/2025

### 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 |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Requirements for Type B Homes               | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B Homes                         | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Provider Responsibilities                            | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Heaters in a Type B Home                             | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records                                        | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and Procedures                         | Compliant |                                         |

| Rule                                         | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-07 Type B Provider - Foster Parent | Compliant |                                         |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-08 Employee Requirements | Compliant |                                         |

| Rule                                       | Status    | Documenting Statement(s), If applicable |
|--------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-08 Child Care Staff 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 |                                         |

| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-10 Professional Development | Compliant |                                         |

| 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 Equipment | Compliant |                                         |

| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|-----------------------------------------|
| 5180:2-13-11 Outdoor Space | Compliant |                                         |

| Rule                   | Status    | Documenting Statement(s), If applicable |
|------------------------|-----------|-----------------------------------------|
| 5180:2-13-11 Fall Zone | Compliant |                                         |

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

|                                                                |               |                                                |
|----------------------------------------------------------------|---------------|------------------------------------------------|
| 5180:2-13-12 Safe Equipment                                    | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Carbon Monoxide Detectors - Type B Only           | 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> |
| 5180:2-13-13 Clean environment and equipment                   | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Smoke Free                                        | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Vehicle Requirements                              | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Requirements for Field and Routine Trips          | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Handwashing                                       | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Driver Requirements                               | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Toothbrushing                                     | 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     |                                                |

|                                                          |               |                                                |
|----------------------------------------------------------|---------------|------------------------------------------------|
|                                                          |               |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Vehicle Inspections                         | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-15 Child Medical and Enrollment Records        | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-15 Health Conditions                           | Compliant     |                                                |
| <b>Rule</b>                                              | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 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 Materials and Equipment                     | Compliant     |                                                |

| Rule                                          | Status    | Documenting Statement(s), If applicable |
|-----------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-18 Group Size and Ratios            | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-18 Attendance                       | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 Supervision                      | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision           | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 Child Guidance                   | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-20 Sleep and Nap Requirements       | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-20 Crib and Playpen Requirements    | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight Care       | Compliant |                                         |
| Rule                                          | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment and Hygiene | Compliant |                                         |
| 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 |                                         |

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