

## 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>DINKINS, APRIL                              | Program Number<br>000000961871424 | Program Type<br>FCC - Type B Home |
| Address<br>2758 Fox Worth drive<br><br>columbus<br>OH 43231 |                                   | County<br>FRANKLIN                |

| Inspection Information        |                                     |                          |                       |                                  |
|-------------------------------|-------------------------------------|--------------------------|-----------------------|----------------------------------|
| Inspection Type<br>Compliance |                                     | Inspection Scope<br>Full |                       | Inspection Notice<br>Unannounced |
| Inspection Date<br>01/22/2025 |                                     | Begin Time<br>5:25 PM    |                       | End Time<br>7:15 PM              |
| Reviewer:<br>Melinda Irwin    |                                     |                          |                       |                                  |
| Summary of Findings           |                                     |                          |                       |                                  |
| No. Rules Verified<br>69      | No. Rules with Non-compliances<br>4 |                          | No. Serious Risk<br>0 | No. Moderate Risk<br>0           |
|                               |                                     |                          | No. Low Risk<br>4     |                                  |

| 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>                                | 3                | 0          | 0         | 0     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 1          | 0         | 1     |
| School Age                                                |                  | 6          | 0         | 6     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 7          | 0         | 7     |

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

#### Moderate Risk Non-Compliances

**No Moderate Risk Non-Compliances were observed during this inspection**

#### 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 7/31/24. 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: 02/21/2025

**Domain: 01 Ratio & Supervision**

Rule: 5180:2-13-18 Attendance

Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the program for a period of one year.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number 6 below:

1. No attendance record was being maintained.
2. The attendance record was not being consistently completed.
3. The record did not include the name of at least one child.
4. The record did not include the birth date of at least one child.
5. The record did not include the assigned group.
6. The record did not include the child's weekly schedule.
7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.
8. The original attendance record was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 02/21/2025

**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 item was expired as 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: 02/21/2025

#### **Domain: 05 Health & Safety**

Rule: 5180:2-13-16 Emergency Preparedness and Response Plan

Code: The program is required to have a completed emergency preparedness and response plan.

Findings: During the inspection, it was determined the program's written emergency preparedness and response plan did not meet the requirement or was missing the information in numbers 3, 4, 5, 10, 11, 13, 15, 16 and 17 below:

Procedures:

1. The written emergency and preparedness and response plan had not been completed
2. The plan was not provided to all child care staff and employees
3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism including a designated safe site where staff and children can safely remain when evacuated
5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats including a designated safe site where staff and children can safely remain when evacuated
6. Outbreaks, epidemics or other infectious disease emergencies
7. Loss of power, water, or heat
8. Other threatening situations that may pose a health or safety hazard to the children in the program

Details:

9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent

10. Assisting infants, toddlers and children with special needs and/or health conditions
11. Emergency contact information for parents and the program
12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
13. Procedures for communicating with parents during loss of communications, no phone or internet service available
14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
16. Making the plan available to all child care staff members and employees
17. Training of staff or reassignment of staff duties as appropriate
18. Updating the plan on a yearly basis
19. Contact with local emergency management officials
20. The plan was unable to be implemented in that, [ ].

Submit the program's corrective action plan, which includes the missing information, if applicable, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/21/2025

### 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     |                                                |
| <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> |
| 5180:2-13-04 Fire Safety for Type B Homes                         | 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> |
| 5180:2-13-07 Provider Responsibilities                            | 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     |                                                |
| <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 Health Training               | 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     |                                                |

| Rule                                                           | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-12 Carbon Monoxide Detectors - Type B Only           | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets                                              | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Clean environment and equipment                   | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Smoke Free                                        | 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 |
| 5180:2-13-13 Handwashing                                       | Compliant |                                         |
| Rule                                                           | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing                                     | 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 |
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | 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 Health Conditions                           | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and General Emergency Plan | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills                            | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases                       | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-16 Incident/Injury                             | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming                                 | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-17 Materials and Equipment                     | Compliant |                                         |
| Rule                                                     | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-18 Group Size and Ratios                       | Compliant |                                         |

|                                               |               |                                                |
|-----------------------------------------------|---------------|------------------------------------------------|
|                                               |               |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-19 Supervision                      | Compliant     |                                                |
| <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> |
| 5180:2-13-21 Evening and Overnight Care       | 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 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 Food Handling                    | Compliant     |                                                |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Fluid Milk                       | 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 |                                         |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|-----------------------------------------|
| 5180:2-14-06 Health Conditions | Compliant |                                         |