



Center 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://jfs.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 4MyKidz Learning Academy 2.0 | Program Number 2250032503 | Program Type Child Care Center | |
| Address 10461 pippin rd cincinnati ohio 45321 cincinnati OH 45231 | | | County HAMILTON |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk Level | | |

| Inspection Information | | |
|--------------------------------|--------------------------|----------------------------------|
| Inspection Type Pre-license | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 08/19/2025 | Begin Time 10:00 AM | End Time 3:21 PM |
| Reviewer: BRENDA MEYER | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 58 | No. Rules with Non-compliances 5 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 5 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 20 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 42 | 0 | 0 | 0 |

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

| | | | |
|--|--|--|--|
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|--|--|--|--|

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 5180:2-12-03 and 5180:2-13-03 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: 02 Safe & Sanitary Environment

Rule: 5180:2-12-12 Safe Environment

Code: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.

Finding: During the inspection, it was determined that children were not protected from item(s) or condition(s) which may threaten their health, safety, or well-being as noted in number 8 below:

1. Surge protectors/outlets did not have childproof receptacle covers.
2. Open pull cords that are not closed loop.
3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care.
4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled.
5. Stacked chairs.
6. Employee(s) purse(s).
7. Diaper bags.
8. Television not securely anchored- in Room 107 (preschool)
9. Small or lightweight pieces of shelving units are not securely anchored to the wall.
10. Smoke detector needing batteries replaced.
11. An area rug did not have a nonskid backing.
12. An area rug presented a tripping hazard.
13. A floor surface that was unsafe in that [].
14. No platform was provided for the sink or toilet in the [] classroom.
15. The platform provided for the sink or toilet in the [] classroom was not sturdy.
16. The platform provided for the sink or toilet in the [] classroom posed a safety hazard in that [].
17. Telephone cords.
18. Staff member stepped over a barrier/gate while holding a child.
19. Emergency exits were blocked by the following classroom furniture: [].
20. A mercury thermometer was being used to take a child's temperature.
21. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
22. Other [].

Provide staff training. Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/18/2025

Domain: 03 Postings & Equipment

Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the fire and weather plans.

Finding: During the inspection, it was determined that the following information was not posted for item numbers 1-3 (the plan did not include the classroom assigned- need page 2) below:

1. Fire alert plan, including a diagram indicating evacuation routes.
2. Weather alert plan was missing details for [].
3. Weather alert plan was missing a diagram indicating evacuation routes.

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

Corrective Action Plan Due: 09/18/2025

Domain: 05 Health & Safety

Rule: 5180:2-12-16 Management of Communicable Disease

Code: The program is required to post the JFS 08087 "Ohio Communicable Disease Chart".

Finding: During the inspection, it was determined that the JFS 08087 "Ohio Communicable Disease Chart" was not posted as required, as indicated in number 4 below:

1. The chart was not posted.
2. In a location readily available to program staff and parents.
3. The posted chart was not the current version, and the Child Care Manual Procedural Letter No. 159 was not attached.
4. The posted chart was not displayed in the size available in the ODJFS forms central to be easily read.

Technical assistance was provided at the time of inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

Domain: 08 Staff Files

Rule: 5180:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

Finding: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number 2 below.

1. A medical statement was not on file for at least one employee;
2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
3. Date of examination was missing;

4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
5. A statement was missing that verifies the employee is:
 - a. Physically fit for employment in a program caring for children;
 - b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
 - c. Immunized against Measles, Mumps, and Rubella (MMR);
6. Tuberculosis (TB) screening/test information was missing:
 - a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
 - b. Results of a TB test for employees meeting both criteria in 6a.
 - c. Results of additional testing for employees with a positive TB test.
 - d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/18/2025

Domain: 08 Staff Files

Rule: 5180:2-12-09 Background Check Requirements

Code: The program is required to maintain a current JFS 01176 "Program Notification of Background Check Review for Child Care" on file for each staff.

Finding: In review of the staff records, it was determined that background check requirements had not been followed, for the individual(s) listed on the Employee Record Chart, as noted in number 2 below:

1. The JFS 01177 "Individual Notification of Background Check Review for Child Care" was on file instead of the JFS 01176.
2. The JFS 01176 on file was for a different program.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/18/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|--|
| Rule: 5180:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding the written disaster plan were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department Inspection | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Fire Inspection | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Food Service Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator Qualifications | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-05 Denial, Revocation and Suspension | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator Responsibilities/Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-12-07 Written Program Policies and Procedures | Compliant | |
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant | |
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |
| 5180:2-12-10 Health Training Requirements | Compliant | |
| 5180:2-12-10 Professional Development Requirements | Compliant | |
| 5180:2-12-11 Indoor Space Requirements | Compliant | |
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Compliant | |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |
| Rule: 5180:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding outdoor space were discussed. Fence to the right of building is being fixed but does not pose eminent safety risk. |
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | |
| 5180:2-12-12 Safe Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5180:2-12-13 Sanitary Equipment and Environment | Compliant | |
| Rule: 5180:2-12-13 Handwashing Requirements | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding handwashing were discussed. |
| 5180:2-12-13 Smoke Free Environment | Compliant | |
| Rule: 5180:2-12-14 Transportation and Field Trip Procedures | Compliant | |
| Rule: 5180:2-12-15 Child Medical and Enrollment Records | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding children's medical statements and enrollments forms were discussed. |
| Rule: 5180:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding caring for children with a specific health condition were discussed. |
| 5180:2-12-16 Emergency Drills | Compliant | |
| 5180:2-12-17 Daily Schedule | Compliant | |
| Rule: 5180:2-12-16 First Aid/Standard Precautions | Compliant | Documenting Statement: During the inspection, the program had a complete first aid kit available as required. |
| Rule | Status | Documenting Statement(s), If applicable |

| 5180:2-12-16 Incident/Injury Reporting | Compliant | |
|--|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-17 Daily Outdoor Play | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding daily outdoor play were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding staff/child ratios were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Group Size | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding group size were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Attendance Records | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding attendance records were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-19 Supervision | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding supervision of children were discussed (especially to and from the bathroom.) |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| Rule: 5180:2-12-20 Cots and Napping | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding sleeping and napping were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cribs | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding meals and snacks were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food Handling/Storage | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-23 Infant Daily Care | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding infant daily care were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding infant bottle and food preparation were discussed. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet Training | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-24 Swimming and Water Safety Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5180:2-12-25 Medication Administration | Compliant | |