Department of Children & Youth

# 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://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<br>Higher Learning with Greatness Childcare | Program Number<br>2240031323 | Program Type<br>FCC - Type A Home |
| Address<br>1523 Lakeland Ave<br><br>Cincinnati<br>OH 45237 | | County<br>HAMILTON |

*Building and Fire Approvals apply to Type A Family Child Care Homes only*

| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
|---|---|---|---|
| 08/20/2024 | | | |
| Fire Inspection Approval Date<br>06/17/2024 | | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Provisional | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>06/25/2025 | Begin Time<br>1:04 PM | End Time<br>2:28 PM |
| Reviewer:<br>Gina McDevitt | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 66 | 5 | 0 | 2 | 3 |

| 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 | | 1 | 0 | 1 |
| **Total Under 2 Years** | 6 | 2 | 0 | 2 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 4 | 0 | 4 |
| School Age | | 1 | 0 | 1 |
| **Total Capacity/Enrollment** | 12 | 5 | 0 | 7 |

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

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|---|---|---|---|
| 06/25/2025 | Mixed Age Group | 1 to 7 | Provider's grandson (about a year old) was present in the home prior to and at the beginning of the inspection. |
| 06/25/2025 | Mixed Age Group | 1 to 6 | |

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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

**Domain: 01 Ratio & Supervision**

Rule: 5180:2-13-18 Group Size and Ratios
Code: The program is required to follow group size requirements.

Findings: During the inspection, it was determined 7 children with 2 under two years of age were in the care of one child care staff member which resulted in more than six children. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/26/2025

**Domain: 09 Children's Files**

Rule: 5180:2-13-15 Health Conditions
Code: The program is required to have a completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file at the program for any child having a health condition and must implement and/or follow instructions on the plan. The program is required to have staff trained to perform the procedures on the JFS 01236 "Child Medical/Physical Care Plan for Child Care" present at the program when the child requiring the procedure is onsite. Only staff who have been trained shall be permitted to perform the procedures listed on the JFS 01236.

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Findings: In review of the children's records, it was determined the program did not meet the requirements for caring for at least one child, indicated on the Children Records Review, with a condition that requires a JFS 01236 "Child Medical/Physical Care Plan" as noted in number 1 below:

1. No plan was on file.
(Page 1)
2. Child's name was missing.
3. Name of the condition was missing.
4. Indication if medication or medical food is required was missing.
5. Signs, symptoms or situations that require staff to take action were missing.
6. Activities, foods, environmental conditions to avoid were missing.
7. Training instructions for procedures for staff to follow were missing or incomplete.
(Page 2)
8. Child's name was missing or not attached.
9. Child's date of birth was missing or not attached.
10. Child's weight was missing or not attached.
11. Name of the medication/medical food was missing or not attached.
12. Dosage of medication/medical food to be administered was missing or not attached.
13. Time for medication/medical food to be administered was missing or not attached.
14. Expiration date for medication/medical food was missing or not attached.
15. Symptoms that require staff to administer medication/medical food were missing or not attached.
16. Specific instructions to administer the medication/medical food were missing or not attached.
17. Actions to be taken if the symptoms do not subside were missing or not attached.
18. Physician's signature was missing or not attached.
19. The date of the physician's signature was missing or not attached.
(Page 3)
20. Child's name was missing.
21. Instructions regarding emergency evacuation, if applicable, were missing.
22. Signature of parent granting permission to implement the plan and verifying training was missing.
23. Date of parent signature was missing.
24. Certified Professional Trainer information was missing.
25. Signature of certified professional who trained the program staff was missing, if parent was not the trainer.
26. Date of trainer signature was missing.
27. Printed name(s)of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
28. Signature(s) of child care staff member(s) who have received instructions for care and/or have been trained to perform the procedure were missing.
29. Date of staff signature was missing.
30. Administrator/Provider signature was missing
31. Date of administrator/Provider was missing.
(Page 4)
32. Child's name was missing.
33. Name of medication or medical food was missing.
34. Date the medication/medical food was administered was missing.
35. Time medication/medical food was administered was missing.
36. Dosage of medication/medical food that was administered was missing.
37. Signature of person administering medication/medical food was missing.
38. The plan was not followed or implemented.
39. The plan was not able to be implemented due to conflicting information.

40. None of the child care staff members trained in the procedures on the JFS 01236 were onsite when a child requiring the plan was present.
41. Child care staff members trained in the procedures on the JFS 01236 were not scheduled to be present the entire the time the child requiring the plan was onsite.
42. None of the child care staff members trained in the procedures on the JFS 01236 accompanied the child requiring the plan during a trip.
43. A child care staff member who had not been trained in the procedures on the JFS 01236 performed the procedure.
44. Medication listed in the procedures to follow was not onsite available to administer as instructed and alternate instructions for this situation were not included on the plan.

Provide staff training. Submit the program's corrective action plan, which includes a copy of the completed JFS 01236, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/26/2025

**Low Risk Non-Compliances**

**Domain: 00 License & Approvals**

Rule: 5180:2-13-04 Fire Inspections for Type A Homes
Code: The program is required to have a fire approval completed within 12 months from the date of the last fire approval.

Findings: The program had not been inspected and approved within 12 months from the date of the last fire approval by the local fire department, as required. Secure and submit an updated fire approval as part of the program' s corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/26/2025

**Domain: 08 Staff Files**

Rule: 5180:2-13-10 Health Training
Code: Child care staff members and substitute child care staff members are required to complete health trainings within the first ninety days of hire and prior to being left alone with children.

Findings: In review of records, it was determined the CCSM or Substitute CCSM did not meet health training requirements listed in number 1 below:
1. All health trainings were not completed prior to being left alone with children.

2. First Aid training was not completed within the first ninety days of hire.
3. CPR training was not completed within the first ninety days of hire.
4. Communicable Disease training was not completed within the first ninety days of hire.
5. Child Abuse training was not completed within the first ninety days of hire.
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: 07/26/2025

**Domain: 09 Children's Files**

Rule: 5180:2-13-15 Child Medical and Enrollment Records
Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 “Child Enrollment and Health Information For Child Care”, as required, for the items in numbers 4 & 15 below:

1. No enrollment form was completed for at least one child
2. The current JFS 01234 was not completed for at least one child
3. Complete child information
4. Complete parent information
5. Complete emergency contact information
6. Complete physician information
7. Information regarding the parent list
8. Health information
9. Additional information for all boxes checked “yes”
10. Emergency transportation information
11. Parent/guardian’s signature
12. Diapering Statement
13. Acknowledgement of Policies and Procedures
14. Enrollment form for at least one child was not updated by either the parent or the administrator
15. Enrollment form for at least one child was not signed by the administrator
16. Other [ ]

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

Corrective Action Plan Due: 07/26/2025

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## 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 |
|---|---|---|
| 5180:2-13-02 Type A Ownership | 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 Inspections for Type A Homes | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-07 Staff Records | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-07 Provider Responsibilities | Compliant | |

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|---|---|---|
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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13 Written Policies and Procedures | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-08 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 Outdoor 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 Fall Zone | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-12 Safe Equipment | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-12 Safe Environment | 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 Smoke Free | 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 Handwashing | 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 |
|---|---|---|
| 5180:2-13-13 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 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 | |

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| 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 First Aid Kit/Standard Precautions | 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 |
|---|---|---|
| 5180:2-13-16 Emergency Preparedness and Response Plan | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-17 Programming | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-19 Supervision | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-17 Materials and Equipment | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-18 Attendance | 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 Fluid Milk | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-22 Food Handling | Compliant | |

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

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|---|---|---|
| 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 |
|---|---|---|
| 5180:2-13-11 Indoor Space | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-25 Medication Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5101:2-13-08 Review Policies and Procedures | Compliant | |