

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 Deta | ils | | | |
|-------------------------------|-------------------------|-----------------|-------------------|--|--|
| Program Name | Program Number | | Program Type | | |
| CHAMPION DAY SCHOOL, INC. | 000000103675 | | Child Care Center | | |
| | | | | | |
| Address | | | County | | |
| 6270 MAHONING AVE NW WARREN | | | TRUMBULL | | |
| ОН | | | | | |
| 44481 | | | | | |
| | | | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | | |
| 11/17/2024 | E 59 | | | | |
| Fire Inspection Approval Date | Food Service Risk Level | | | | |
| 11/19/2024 | Level III | | | | |

| | Inspection Information | | | | | | |
|--------------------|--------------------------------|------------------|-------------------|--------------|--|--|--|
| Inspection Type | Inspection S | cope | Inspection Notice | | | | |
| Annual | Full | | Unannounced | | | | |
| Inspection Date | Begin Time | | End Time | | | | |
| 01/15/2025 | 01/15/2025 12:15 PM | | | 3:30 PM | | | |
| Reviewer: | | | | | | | |
| REBECCA KOTEWI | CZ | | | | | | |
| | Summary of Findings | | | | | | |
| | | | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | | | |
| 58 | 5 | 0 | 1 | 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) | | 5 | 0 | 5 | |
| Young Toddler | | 10 | 0 | 10 | |
| Total Under 2 ½ Years | 20 | 15 | 0 | 15 | |
| Older Toddler | | 11 | 0 | 11 | |
| Preschool | | 24 | 15 | 39 | |
| School Age | | 0 | 15 | 15 | |
| Total Capacity/Enrollment | 64 | 35 | 30 | 80 | |

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



| Infant 1 | 0 to < 12 months | 1 to 5 | Arrival |
|-------------|--------------------------|---------|------------------|
| Infant 1 | 0 to < 12 months | 1 to 5 | |
| Toddler 1 | 18 months to < 30 months | 2 to 7 | arrival, nap |
| Toddler 1 | 18 months to < 30 months | 1 to 6 | |
| Toddler 2/3 | 30 months to < 36 months | 2 to 10 | arrival. nap |
| Toddler 2/3 | 30 months to < 36 months | 2 to 9 | |
| PS | 3 years to < 4 years | 1 to 11 | including 3 PK 1 |
| PS | 3 years to < 4 years | 1 to 8 | arrival, nap |
| PK 1 | 3 years to < 4 years | 1 to 9 | including 1 PK 2 |
| PK 1 | 4 years to < 5 years | 1 to 11 | arrival nap |
| PK 2 | 4 years to < 5 years | 1 to 2 | arrival. nap |
| SA | School-Age to < 11 years | 1 to 9 | |

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 | 1 | | | |
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| | 1 | | | |
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| | 1 | | | |
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| | | | | |

Moderate Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5180:2-12-15 Medical/Physical Care Plans

<u>Code</u>: 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.



<u>Finding</u>: 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(s) 13, 14 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: 02/16/2025

Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5180:2-12-19 Supervision

<u>Code</u>: The program staff is required to supervise children in their assigned group by sight and hearing. Supervision includes being near enough to respond and reach children immediately including responding to the child's basic needs and protecting them from harm.

<u>Finding</u>: During the inspection, it was determined that children were not being properly supervised as noted in number(s) 5 below:

- 1. Child(ren) were not within both sight and hearing of a child care staff member during indoor play.
- 2. Child(ren) were not within both sight and hearing of a child care staff member during outdoor play.
- 3. Child(ren) were not within both sight and hearing of a child care staff member more than once.
- 4. Staff were not physically present in the space and near enough to respond and reach the child(ren) immediately.
- 5. Other: childrens faces were covered with blankets while napping

Children must be supervised according to rule and within both sight and hearing of a child care staff member at all times. 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: 02/16/2025



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Rule: 5180:2-12-12 Safe Environment

<u>Code</u>: 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.

<u>Finding</u>: 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(s) 22 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.
- 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; trim in restroom is pulled off exposing a damp surface

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: 02/16/2025



Domain: 08 Staff Files

Rule: 5180:2-12-10 Health Training Requirements

<u>Code</u>: The program is required to have all child care staff members complete training in child abuse and neglect recognition and prevention within sixty days of hire. Staff must complete training in first aid and CPR within the first ninety days of hire.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member had not completed required health and safety training as noted in number(s) 5, 6 below:

- 1. Child abuse and neglect recognition and prevention training was not completed within sixty days of hire.
- 2. First aid training was not completed within ninety days of hire.
- 3. Cardiopulmonary resuscitation (CPR) training was not completed within ninety days of hire.
- 4. The child abuse and neglect recognition and prevention training was expired.
- 5. The first aid training was expired.
- 6. The CPR training was expired.

Refer to the Employee Record Chart for the name(s) of the child care staff member(s) who must complete the required health and safety training(s). Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/16/2025

Domain: 08 Staff Files

Rule: 5180:2-12-10 Professional Development Requirements

<u>Code</u>: The program is required to ensure child care staff members, including substitutes used more than ninety days annually, obtain at least 6 hours of professional development each state fiscal year.

<u>Finding</u>: In review of the staff records, it was determined that at least one child care staff member did not meet the annual professional development requirement as noted in number(s) 1 below:

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development
- 6. Other [].

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

Corrective Action Plan Due: 02/16/2025



Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| Rule: 5180:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | Compliant | 0 (// |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Building | Compliant | Documenting Statement: A copy of the |
| Department Inspection | | certificate of occupancy was available on- |
| | | site for review. |
| Dula | Chathar | Decree while Chate and which If a multiple |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Fire Inspection | Compliant | Documenting Statement: Please Note: |
| | 3 | Documentation of a fire inspection |
| | | without any uncorrected violations must |
| | | be secured for the program. Secure a |
| | | new fire inspection by 11/19/24. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | | license was observed posted. Following is |



| | | the audit number and date of expiration: 9994955, March 1, 2025. |
|---|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | Documentary of the second state of the second |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Compliant | bootinenting statement (5), if approasie |
| Responsibilities/Requirements | 300.00000004 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program | Compliant | Documenting Statement(s), if applicable |
| Policies and Procedures | | |
| Dula | Chatus | Decumenting Statements If a well-a-li- |
| Rule 5180:2-12-08 Medical Statement | Status Compliant | Documenting Statement(s), If applicable |
| 5180.2-12-06 Medical Statement | Compliant | |
| | | |
| Rule 5180:2-12-08 Child Care Staff Member | Status Compliant | Documenting Statement(s), If applicable |
| Educational Requirements | Compliant | |
| I | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Orientation Training & | Compliant | |
| Whistle Blower Protection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-09 Background Check | Compliant | Documenting Statement: During the |
| Requirements | | inspection, the required documentation |
| | | regarding background checks was on file |
| | | for all employees listed. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space Requirements | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children | Compliant | |
| Under 2 1/2 Years | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space | Compliant | , |
| Requirements | | |
| | | |
| Rule 5180-2-12-12-Safe Equipment | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Compliant | |



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|---------------------------------------|--|---|
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-11 Outdoor Play Fall | Compliant | Documenting Statement: The protective |
| Zones | 1 | material used under outdoor equipment |
| 25/155 | | was rubber mulch. |
| | | was rabber materi. |
| | 1 | |
| Rule | Chahua | Description Statement (a) If a police bla |
| | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing | Compliant | |
| Requirements | , | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Smoke Free | Compliant | bootimenting statement(s), it approase |
| | Compilant | |
| Environment | | |
| | | - 1 - 11 - 11 - 11 - 11 - 11 - 11 - 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field | Compliant | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-15 Child Medical and | Compliant | |
| Enrollment Records | - Control of the Cont | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(3), if applicable |
| 5180:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation |
| | | for completed fire, weather, and |
| | | emergency/lockdown drills was verified |
| | | during this inspection. |
| | | |
| L | I. | L |
| Rule | Status | Documenting Statement(s), If applicable |
| | 10 V.O. | bocumenting statement(s), if applicable |
| 5180:2-12-16 First Aid/Standard | Compliant | |
| Precautions | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| 5180:2-12-16 Management of Communicable Disease | Compliant | |
|---|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury Reporting | Compliant | bootinenting statement(s), ii applicasie |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and Equipment | Compliant | bocumenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Compliant | bodinenting statement(s), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records | Compliant | bootinening statement(s), ii applicable |
| Dula | Chattan | Described Challes of A. I. C. L. |
| 8ule 5180:2-12-18 Group Size | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5180:2-12-17 Daily Outdoor Play | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| 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 Ratio | Compliant | Documenting Statement: The Appendix A "Staff/Child Ratios, Age Grouping and Maximum Group Size" was posted in a noticeable area at the program as required. |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping | Compliant | 5 (<i>n</i> 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Compliant | bodinenting statement(s), if applicable |



| Rule | Status | Documenting Statement(s), If applicable |
|--|--|--|
| Rule: 5180:2-12-20 Cribs | Compliant | Documenting Statement: All cribs were |
| 114161 3 13 31 12 23 31.13 | Compliant | labeled with the assigned infant's name. |
| | | labeled with the assigned infant s name. |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack | Compliant | Bootimenting Statement(5), it applicable |
| Requirements | Compliant | |
| Requirements | | |
| D. J. | Chahan | Decimanting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Compliant | |
| Handling/Storage | | |
| N | T | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |
| | | |
| | T | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-23 Infant Daily Care | Compliant | Documenting Statement: Appropriate |
| | | daily written records for all infants were |
| | | viewed. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-23 Infant Bottle and | Compliant | Documenting Statement: All bottles were |
| Food Preparation | St. Control Marks, ACL II Ch. Marks are a series accommon | labeled as required. |
| A CONTROL OF THE CONT | | STATE OF THE STATE |
| | Je | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-23 Diapering and | Compliant | Documenting Statement: Appropriate |
| Toilet Training | 00 | diaper changing procedures were |
| Tonet Training | | observed during the inspection in the |
| | | infant room(s). |
| | | illiant room(s). |
| | | |
| D. I. | Custon | December 1 Charles and 1 of a muliciple |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication | Compliant | |
| Administration | | |
| | | |
| | | |