

# **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 <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. 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                  | Program Number          |                 | Program Type      |  |
| Champion Learning Center      | 2190020194              |                 | Child Care Center |  |
|                               |                         |                 |                   |  |
| Address                       | Address                 |                 |                   |  |
| 1127 Towne Street Cincinnati  |                         |                 | HAMILTON          |  |
| ОН                            |                         |                 |                   |  |
| 45216                         |                         |                 |                   |  |
|                               |                         |                 |                   |  |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 08/22/2023                    | E                       | 199             |                   |  |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |  |
| 03/05/2024                    | Level II                |                 |                   |  |

| Inspection Information |                                     |                  |                   |              |  |
|------------------------|-------------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                       | cope             | Inspection Notice |              |  |
| Annual                 | Full                                |                  | Unannounced       |              |  |
| Inspection Date        | Inspection Date Begin Time End Time |                  |                   |              |  |
| 02/21/2025             | 9:30 AM                             |                  | 12:30 PM          | 12:30 PM     |  |
| Reviewer:              |                                     |                  |                   |              |  |
| Yolonda McIntosh       |                                     |                  |                   |              |  |
| Summary of Findings    |                                     |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances      | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 58                     | 5                                   | 0                | 0                 | 6            |  |

| 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)                                 |                  | 6          | 0         | 6     |
| Young Toddler   |                  | 8          | 0         | 8     |
| Total Under 2 ½ Years                                     | 95               | 14         | 0         | 14    |
| Older Toddler   |                  | 7          | 0         | 7     |
| Preschool   |                  | 24         | 0         | 24    |
| School Age  |                  | 29         | 0         | 29    |
| Total Capacity/Enrollment                                 | 160              | 60         | 0         | 74    |

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



| Preschool  | 2 to 12 |
|------------|---------|
| Preschool  | 2 to 12 |
| Infants    | 2 to 5  |
| Infants    | 2 to 5  |
| Toddler 1  | 2 to 7  |
| Toddler 1  | 2 to 7  |
| Toddler 2  | 2 to 7  |
| Toddler 2  | 2 to 7  |
| Pre k & SA | 2 to 10 |
| Pre k & SA | 2 to 10 |

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

## Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-12-13 Sanitary Equipment and Environment

Code: The program is required to provide a clean restroom with the appropriate materials available.

<u>Finding</u>: During the inspection, it was determined that unsanitary conditions, as noted in number(s) 4 below, were in the Preschool restroom:

- 1. There was no liquid soap.
- 2. There was no toilet paper.
- 3. There were no paper towels.
- 4. The toilet cleaning brush was accessible to the children.
- 5. The plunger was accessible to the children.
- 6. The toilet(s) were not flushed.
- 7. The trash was not emptied from the day before.
- 8. There was a strong urine odor.
- 9. Other

The restroom(s) must be kept sanitary at all times. Technical assistance was provided at the time of the inspection, and as discussed, please correct this rule noncompliance. A written response for this rule noncompliance is not required at this time.

#### Domain: 03 Postings & Equipment

<u>Rule</u>: 5180:2-12-16 Medical, Dental, and General Emergency Plan <u>Code</u>: The program is required to post the fire and weather plans.

<u>Finding</u>: During the inspection, it was determined that the following information was not posted for item number(s) 1, 2, 3, 4 below:

- 1. Fire alert plan, including a diagram indicating evacuation routes.
- 2. Weather alert plan was missing details
- 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: 04/03/2025

#### Domain: 03 Postings & Equipment

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

<u>Code</u>: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency

Plan" when necessary.

<u>Finding</u>: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" were not followed as noted in number(s) 1 below:

- 1. The plan was not posted in each classroom.
- 2. The plan was not posted in other spaces used by children.
- 3. The name, address and telephone number of the program were not complete.
- 4. The location of first aid kit, fire extinguishers and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 5. 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.
- 6. Location of children's records was not complete.
- 7. Emergency information including any medications or supplies needed in the event of an evacuation was not complete.
- 8. The current version of the prescribed form was not used.
- 9. The plan was not implemented

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

Corrective Action Plan Due: 04/03/2025

#### **Domain: 03 Postings & Equipment**

Rule: 5180:2-12-17 Daily Schedule

Code: The program is required to have the daily program schedule posted in all required areas.



<u>Finding</u>: During the inspection, it was determined that a copy of the daily program schedule was not posted as required. Technical assistance was provided at the time of the 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: 5180:2-12-10 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: 04/03/2025

#### Domain: 09 Children's Files

Rule: 5180:2-12-15 Child Medical and Enrollment Records

<u>Code</u>: The program is required to use the updated JFS 01234 "Child Enrollment and Health Information For Child Care" .

<u>Finding</u>: In review of 25% 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 number(s) 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

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

## Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5180:2-12-16 Written Disaster Plan | Compliant |   |
|                                    |           |   |
| 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   | Compliant |   |
| Inspection                         |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-02 Current Information   | Compliant |   |



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| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-03 Inspection              | Compliant | Construction (Construction (Co |
| Requirements                         |           |  |
| Requirements                         |           |  |
| B. I.                                |           |  |
| 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            | Compliant |  |
| Requirements                         | 100       |  |
|                                      |           | <u>\</u>   |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator           | Compliant | Boodinestering Statement(s), it applicable   |
|                                      | Compliant |  |
| Qualifications                       |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-05 Denial, Revocation and  | Compliant |  |
| Suspension                           |           |  |
| •                                    |           | <b>'</b>   |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Administrator           |           | Documenting Statement(3), if applicable  |
|                                      | Compliant |  |
| Responsibilities/Requirements        |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-07 Written Program         | Compliant |  |
| Policies and Procedures              |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Medical Statement       | Compliant | Boodinenting Statement(5), it approase   |
| 5180.2-12-08 Medical Statement       | Compliant |  |
|                                      |           | 1  |
| D. I.                                | Ct-t      | Danis and Chairman (A) If the  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Child Care Staff Member | Compliant |  |
| Educational Requirements             |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-08 Orientation Training &  | Compliant |  |
| Whistle Blower Protection            |           |  |
| THIS DIGWELL LOCKSON                 |           | 1  |
| D. I.                                | Ctatara   | Design of the latest terms |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-09 Background Check        | Compliant |  |
| Requirements                         |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5180:2-12-10 Professional            | Compliant |  |
| Development Requirements             | 25mpilant |  |
| Development Requirements             | l         |  |



| Rule                                  | Status   | Documenting Statement(s), If applicable   |
|---------------------------------------|--|---|
| 5180:2-12-11 Indoor Space             | Compliant  |   |
|                                       | Compilant  |   |
| Requirements                          | <u> </u>   |   |
|                                       |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-11 Separation of Children   | Compliant  |   |
| Under 2 1/2 Years                     |  |   |
| Officer 2 1/2 fears                   | 1  |   |
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| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-11 Outdoor Space            | Compliant  |   |
| Requirements                          |  |   |
| Requirements                          |  |   |
|                                       |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-12 Safe Equipment           | Compliant  |   |
| 1                                     |  |   |
|                                       | ŀ  |   |
| D.d.                                  | Chatura  | Down out in a Chatana and A If and I'm Li |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-11 Outdoor Play Equipment   | Compliant  |   |
|                                       |  |   |
|                                       | •  | ·   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
|                                       | 20   | bocumenting statement(3), it applicable   |
| 5180:2-12-11 Outdoor Play Fall Zones  | Compliant  |   |
|                                       |  |   |
|                                       |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-12 Safe Environment         | Compliant  |   |
| 3100.2 12 12 Said Environment         | Compliant  |   |
|                                       |  |   |
|                                       |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-13 Handwashing              | Compliant  |   |
| Requirements                          | and the second of the second o |   |
| Requirements                          |  |   |
|                                       |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-13 Smoke Free               | Compliant  |   |
| Environment                           | ,  |   |
| LITALIONNICIT                         | <u> </u>   |   |
| SO 30                                 |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-13 Toothbrushing            | Compliant  |   |
| Requirements                          |  |   |
| Requirements                          | 1  |   |
|                                       |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-14 Transportation and Field | Compliant  |   |
| Trip Procedures                       |  |   |
| Trip riocedules                       |  | <u> </u>                                  |
|                                       |  |   |
| Rule                                  | Status   | Documenting Statement(s), If applicable   |
| 5180:2-12-14 Transportation - Driver  | Compliant  |   |
|                                       |  |   |
| Requirements                          | 1  | I   |
|                                       |  |   |



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|---------------------------------------|-----------|---|
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Vehicle | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-15 Medical/Physical Care    | Compliant |   |
| Plans                                 |           |   |
|                                       | 9         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Emergency Drills         | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting 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            | Compliant |   |
| Communicable Disease                  |           |   |
|                                       | •         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-16 Incident/Injury          | Compliant | (-),                                    |
| Reporting                             |           |   |
| 10                                    | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Materials and            | Compliant | G(-), applicable                        |
| Equipment                             |           |   |
|                                       | Į.        |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Attendance Records       | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size               | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play       | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 License Capacity         | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-18 Ratio                    | Compliant |   |
| L                                     |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping         | Compliant |   |



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| Rule   | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision   | Compliant    |   |
| Significant States of the Stat | - Compilario |   |
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| Rule   | Status       | Decimenting Statements of smalleship    |
|  |              | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance  | Compliant    |   |
|  |              |   |
|  |              |   |
| Rule   | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cribs   | Compliant    |   |
|  |              |   |
|  |              |   |
| Rule   | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-21 Evening and Overnight   | Compliant    | 0 (7)                                   |
| Care   | Compilarie   |   |
| Care   | 1            |   |
|  |              |   |
| Rule   | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack  | Compliant    |   |
| Requirements   | **           |   |
| Land Annual Control of the Control o | 1            | <u>.</u>                                |
| Rule   | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food   |              | bocumenting statement(s), if applicable |
| 2001-400-00-00-00-00-00-00-00-00-00-00-00-00   | Compliant    |   |
| Handling/Storage   |              |   |
|  |              |   |
| Rule   | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements   | Compliant    |   |
| ,  | ·            |   |
|  | •            | •                                       |
| Rule   | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care   | Compliant    | became rang statement (3), it approase  |
| 3100.2-12-23 illiant Dany Care   | Compliant    |   |
|  | 1            |   |
| D. I   | Chata        | D                                       |
| Rule   | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Bottle and Food  | Compliant    |   |
| Preparation  |              |   |
|  |              |   |
| Rule   | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet  | Compliant    | 0(5))                                   |
| PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PR | Compilant    |   |
| Training   | <u> </u>     |   |
|  |              |   |
| Rule   | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-24 Swimming and Water  | Compliant    |   |
| Safety Requirements  |              |   |
|  |              |   |
| Dula   | Chatura      | Decimenting Chate and I I am I all      |
| Rule   | Status       | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication  | Compliant    |   |
| Administration   |              |   |

