



## 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 Champion Learning Center	Program Number 2190020194	Program Type Child Care Center	
Address 1127 Towne Street Cincinnati OH 45216		County HAMILTON	
Inspection Information			
Building Approval Date 08/13/2019	Use Group/Code E	Occupancy Limit 199	Maximum Under 2 ½
Fire Inspection Approval Date 06/23/2025	Food Service Risk Level Level II		

Inspection Information		
Inspection Type Annual	Inspection Scope Full	Inspection Notice Unannounced
Inspection Date 02/03/2026	Begin Time 10:00 AM	End Time 2:30 PM
Reviewer: Yolonda McIntosh		

Summary of Findings				
No. Rules Verified 58	No. Rules with Non-compliances 5	No. Serious Risk 0	No. Moderate Risk 0	No. Low Risk 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)		8	0	8
Young Toddler		5	0	5
<b>Total Under 2 ½ Years</b>	95	13	0	13
Older Toddler		4	0	4
Preschool		37	0	37
School Age		16	0	16
<b>Total Capacity/Enrollment</b>	160	57	0	70

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

Preschool		2 to 15	Arrival
Preschool		2 to 15	Lunch
School Age		2 to 11	Arrival
School Age		2 to 14	Lunch
Infants		2 to 6	Arrival
Infants		2 to 6	Lunch
Toddler 1 and Toddler 2		3 to 9	Arrival
Toddler 1 and Toddler 2		3 to 9	Lunch

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

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

Finding: During the inspection, it was determined that unsanitary conditions, as noted in number(s) 4 below, were in the 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

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

Code: The program is required to post and implement the JFS 01242 "Medical, Dental, and General Emergency Plan" when necessary.

Finding: 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-missing page 1 in Toddler 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: 03/22/2026

**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 number(s) 1,2 3 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: 03/22/2026

**Domain: 05 Health & Safety**

Rule: 5180:2-12-22 Safe Food Handling/Storage

Code: The program is required to refrain from serving food on bare tables.

Finding: During the inspection, it was determined that food was served on bare tables for the infant group. 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: 07 Diapering & Infant Care**

Rule: 5180:2-12-23 Infant Bottle and Food Preparation

Code: The program staff is required to label bottles containing formula or breast milk.

Finding: During the inspection, it was determined that bottles for a particular infant were not labeled with the child's name and date of preparation. 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: 5180:2-12-08 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(s) 5 b and c 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: 03/22/2026

**Rules In-Compliance/Not Verified**

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Written Disaster Plan	Compliant	
5180:2-12-02 License Posted	Compliant	
5180:2-12-04 Building Department Inspection	Compliant	
5180:2-12-02 Current Information	Compliant	
5180:2-12-03 Inspection Requirements	Compliant	
5180:2-12-04 Fire Inspection	Compliant	
5180:2-12-04 Food Service Requirements	Compliant	

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator Qualifications	Compliant	
5180:2-12-05 Denial, Revocation and Suspension	Compliant	
5180:2-12-07 Administrator Responsibilities/Requirements	Compliant	
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	
5180:2-12-09 Background Check Requirements	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 Space Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable

5180:2-12-12 Safe Equipment	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-11 Outdoor Play Equipment	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-11 Outdoor Play Fall Zones	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-12 Safe Environment	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-13 Handwashing Requirements	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-13 Smoke Free Environment	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-14 Transportation and Field Trip Procedures	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-14 Transportation - Driver Requirements	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-14 Transportation - Vehicle Requirements	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-15 Child Medical and Enrollment Records	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-15 Medical/Physical Care Plans	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-16 Emergency Drills	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>

5180:2-12-16 First Aid/Standard Precautions	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-16 Management of Communicable Disease	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-16 Incident/Injury Reporting	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-17 Materials and Equipment	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-17 Daily Schedule	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-18 Attendance Records	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-18 Group Size	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-17 Daily Outdoor Play	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-18 License Capacity	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-18 Ratio	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-20 Cots and Napping	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-19 Supervision	Compliant	
<b>Rule</b>	<b>Status</b>	<b>Documenting Statement(s), If applicable</b>
5180:2-12-19 Child Guidance	Compliant	

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-20 Cribs	Compliant	
5180:2-12-22 Meal and Snack Requirements	Compliant	
5180:2-12-22 Fluid Milk Requirements	Compliant	
5180:2-12-23 Infant Daily Care	Compliant	
5180:2-12-23 Diapering and Toilet Training	Compliant	
5180:2-12-25 Medication Administration	Compliant	