

Center Complaint Inspection Summary 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	Program Number	Program Type				
ACADEMY OF YOUNG MINDS EAST	00000308768	Child Care Center				
Address		County				
685 BRIARTHORN CRESCENT DR WADSWORTH OH 44281		MEDINA				

Inspection Information								
Inspection Type				Inspection Scope		Inspection Notice		
Complaint				Partial		Unannounced		
Reviewer(s) Sara Davis		Inspection Day		Begin Time		End Time		
09/27/20		09/27/20	22	10:30 AM		12:30 PM		
Summary of Findings								
No. Rules Verified	No. Rules with Non-cor	npliances	No. Serious Risk	K	No. Moderate Risk	No. Low Risk		
4	4		0		3	1		

Staff-Child Ratios at the Time of Inspection						
Group	Age Group/Range	Ratio Observed	Comment			
Jr Infants	0 to < 12 months	2 to 10				
Sr Infants	12 months to < 18 months	2 to 11				
Jr Toddlers	18 months to < 30 months	2 to 13				
Sr Toddlers	18 months to < 30 months	2 to 10				
Preschool	3 years to < 4 years	2 to 14				
Pre-K	4 years to < 5 years	1 to 14				



Complaint Allegations

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.

Domain:01 Ratio & Supervision

Rule: 5101:2-12-18 Ratio

Code: The program is required to maintain the appropriate staff to child ratio for each group served.

Allegation: The program is not following required staff to child ratio.

Determination: Substantiated

Findings: During the investigation, required staff/child ratios were not maintained for different groups on multiple occasions, as noted below:

The ratio determined for the Toddler group was 2 Child Care Staff Member(s) for more than 14 children. Additionally, a ratio of 1 Child Care Staff Member(s) for more than 12 children was determined for the Preschool group.

Additional staff members must be hired or current Child Care Staff Members must be rescheduled to maintain compliance. 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.

Risk Level: Moderate

Corrective Action Plan Due: 10/28/2022

Domain:07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

Code: The program staff is required to remove any items listed in rule that are a potential suffocation risk from cribs.

Allegation: Infants were placed to sleep with an object that created a potential strangulation or suffocation risk.

Determination: Substantiated

Findings: During the investigation, it was observed that a child had been placed in a crib with an object that created a potential strangulation or suffocation risk, as indicated in number(s) 1,2,4 below:

- 1. Bib
- 2. Pacifier clip/ribbon
- 3. Teething jewelry
- 4. Blanket for infant under twelve months old
- 5. Pillow
- 6. Boppie
- 7. Bumper pad
- 8. Clothing stored in the crib
- 9. Diaper bag
- 10. Object or toy strung over the crib in which a child can pull himself up
- 11. Stuffed animal that is large/soft enough to conform to the shape of the child's face
- 12. Other []



The rule prohibits any item which obstructs child-care staff's visibility or poses a risk of strangulation or suffocation from being placed on or in a crib. Remove the item(s) immediately. 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.

Risk Level: Moderate

Corrective Action Plan Due: 10/28/2022

Domain:07 Diapering & Infant Care

Rule: 5101:2-12-20 Cribs

Code: The program is required to place infants in cribs while sleeping.

Allegation: Program failed to allow a firm mattress for all sleeping infants.

Determination: Substantiated

Findings: During the investigation, it was observed that the equipment in number(s) 6,8 below had been used for sleeping infants and did not allow the infant to sleep on a firm mattress:

1. Mesh cribs;

- 2. Play pens;
- 3. Bassinets;
- 4. Cots;
- 5. Car seats;
- 6. Infant swing;
- 7. The floor;
- 8. Infant seats;
- 9. An infant placed in a car seat in a crib;

10. Other [].

Infants must be provided with a crib, which meets requirements specified in this rule, for resting and sleeping. Provide staff training. Submit the program's corrective action plan, which includes a statement that staff training was provided, to the Department to verify compliance with the requirements of this rule.

Risk Level: Moderate

Corrective Action Plan Due: 10/28/2022

Summary of Additional Non-Compliances

Serious Risk Non-Compliances

No Additional Serious Risk Non-Compliances were observed during this inspection



Moderate Risk Non-Compliances

No Additional Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances

Domain:08 Staff Files

Rule: 5101:2-12-07 Administrator Responsibilities/Requirements

Code: The program administrator is required to be onsite at the program for the required amount of time.

Findings: During the inspection, it was determined that the program did not have at least one administrator onsite for 50 percent of the program's operating hours or 40 hours a week, as required by this rule. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/28/2022