



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 The Sandbox Daycare	Program Number 2230028777	Program Type Child Care Center
Address 6135 Heisley Rd Mentor OH 44060		County LAKE

Inspection Information			
Inspection Type Complaint		Inspection Scope Partial	Inspection Notice Unannounced
Reviewer(s) MARY WOODLAND	Inspection Day 06/01/2026	Begin Time 11:50 AM	End Time 12:50 PM

Summary of Findings				
No. Rules Verified 8	No. Rules with Non-compliances 3	No. Serious Risk 0	No. Moderate Risk 1	No. Low Risk 2

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Preschool	18 months to < 30 months	2 to 13	11:50a-Nap with Toddlers
Preschool	18 months to < 30 months	2 to 15	12p-Nap with Toddlers- Additional Children Joining Group--Out of Compliance
Infant/Toddler	18 months to < 30 months	1 to 1	Returned to Room

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: 5180:2-12-18 Ratio
Code: The program is required to maintain the appropriate staff to child ratio for each group served.

Allegation: The allegation involves the preschool room being out of ratio.

Determination: Substantiated

Findings: During the inspection, a ratio of 2 child care staff member(s) for 15 children was determined to have occurred for the Preschool/Toddler/Infant & Toddler groups when the situation in number(s) 7 below occurred:

1. A child care staff member stepped out of the room.
2. A child care staff member had not arrived at work on time.
3. Children were present who were not scheduled to be there.
4. A child care staff member was unable to work.
5. A child was injured in that group.
6. A child arrived in the group before a second staff member was scheduled to arrive with the group.
7. Groups were combined, and the program did not follow the ratio for the youngest child in the group.
8. A child was transitioning to the next older age group, and the program did not follow the ratio for the youngest child in the group.
9. Ratio was doubled for more than two hours while children were napping.
10. Ratio was doubled while children were napping for a group that included at least one infant.
11. Ratio was doubled while children were napping and there were not enough staff members in the building to meet staff/child ratio.
12. Ratio was doubled in the school age group to allow access to the program, however, the program does not serve only school age children.
13. Both child care staff members did not have a working communication device when one staff member left the group to allow access to the school age only program.
14. The child care staff member did not return to the group after allowing access to the school age only program.
15. Other [].

Additional child care 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: 07/01/2026

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:01 Ratio & Supervision

Rule: 5180:2-12-18 Attendance Records

Code: The program is required to maintain a record of the arrival and departure of each child. The program is also required to retain the original attendance record at the center for a period of one year.

Findings: During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number(s) 2; 7 below:

1. No attendance record was being maintained.
2. The attendance record was not being consistently completed.
3. The record did not include the name of at least one child.
4. The record did not include the birth date of at least one child.
5. The record did not include the assigned group.
6. The record did not include the child's weekly schedule.
7. The record did not include the time (hours and minutes) of each child's arrival and departure to the program, including transportation by the program.
8. The original attendance record was not kept at the program for a period of one year.

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

Corrective Action Plan Due: 07/01/2026



Domain:04 Indoor/Outdoor Space

Rule: 5180:2-12-11 Separation of Children Under 2 1/2 Years

Code: The program is required to separate children younger and older than 2 1/2 years of age.

Findings: During the inspection, it was determined that a group (Toddler under 2.5 years in PS room) was occupying space not previously approved by the Department for children less than two and one-half years of age. Building and fire department approvals do not prohibit the use of this space for children less than two and one-half years. 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 required at this time. Please submit a statement verifying compliance.

Corrective Action Plan Due: 07/01/2026