Department of Education
Department of Job and Family Services

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 KINDERCARE LEARNING CENTER #1159	Program Number 000000402814	Program Type Child Care Center
Address 6477 CENTENNIAL DRIVE REYNOLDSBURG OH 43068		County FRANKLIN

Inspection Information			
Inspection Type Complaint		Inspection Scope Partial	Inspection Notice Unannounced
Reviewer(s) CRYSTAL LUSE	Inspection Day 03/18/2024	Begin Time 2:00 PM	End Time 2:30 PM
Reviewer(s) CRYSTAL LUSE	Inspection Day 03/19/2024	Begin Time 11:40 AM	End Time 12:00 PM

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

Staff-Child Ratios at the Time of Inspection			
Group	**Age Group/Range**	**Ratio Observed**	**Comment**
Discovery Preschool	30 months to < 36 months	1 to 16	Nap time
Infant A	0 to < 12 months	1 to 4	
Infant B	18 months to < 30 months	1 to 6	Nap time
PreK	4 years to < 5 years	1 to 21	Nap time
Preschool	3 years to < 4 years	1 to 12	Nap time
Toddler	18 months to < 30 months	1 to 8	Nap time

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:05 Health & Safety

Rule: 5101:2-12-16 Incident/Injury Reporting
Code: The program is required to complete the JFS 01299 "Incident/Injury Report" for injuries and incidents at the program, provide a copy to the person who picks the child up on the day of the incident, and retain a copy of the form onsite at the program for one year.

Allegation: Complainant alleges that the JFS 01299 was not completed when a child received an injury which required first aid treatment.

Determination: Substantiated

Findings: In review of the records, it was determined the program did not meet the requirements for completing a JFS 01299 “Incident/Injury Report” as noted in number 5 below:

1. The JFS 01299 was not completed when a child became ill or received an injury which required first aid treatment.
2.The JFS 01299 was not completed when a child was transported to a source for emergency assistance.
3. The JFS 01299 was not completed when a child received a bump or blow to the head.
4. The JFS 01299 was not completed when an unusual or unexpected incident which jeopardized the safety of a child or employee of a program.
5. The parent or a person picking up the child did not receive the JFS 01299 on the day of the incident (staff stated that sometimes the report is provided the next day).
6. The program information (program name, number, address) was incomplete on the JFS 01299.
7. Child’s name was incomplete on the JFS 01299.
8. Child’s birthdate was incomplete on the JFS 01299.
9. Name of person(s) responsible for the child at the time of the incident was incomplete on the JFS 01299.
10. Number of children present in the group at the time of the incident was incomplete on the JFS 01299.
11. Date and/or time of the incident was incomplete on the JFS 01299.
12. Whether or not parents were contacted was incomplete on the JFS 01299.
13. Complete summary of the incident was incomplete on the JFS 01299.
14. Accurate summary of the incident was incomplete on the JFS 01299.
15. Name and/or signature of the person completing the form was incomplete on the JFS 01299.
16. The JFS 01299 was not kept on file at the program for at least one year.
17. Other [ ].

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

Risk Level: Low

Corrective Action Plan Due: 04/18/2024

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

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