

Statement of Deficiencies

713.A.: Office of Public Health, State Fire, City Fire Approval

Not Met

713.A.: Annual licensing inspections by the department, current approvals by the Office of Public Health, Office of State Fire Marshal, and city fire (if applicable), and academic approval by the department (if type III center) shall be required before the expiration of an existing license. However, if a center has documentation establishing that the center requested an inspection by the Office of Public Health or the Office of State Fire Marshal prior to the expiration of the existing license, these approvals may be submitted to the department within 90 calendar days of the date of the license renewal.

Finding:

713.A. Based on record review there failed to be a current State Fire Marshal's approval as evidence of last inspection from State Fire, no approval was granted and deficiencies were noted.

1509.A.12.a.-d.: Monitoring Policy for Provisionally Employed Staff

Not Met

1509.A.12.a.-d.: Monitoring policy for provisionally employed staff members:

- Each center shall develop and implement a written policy describing the monitoring procedures that shall be used at the center when staff members are employed on a provisional basis due to an incomplete CCCBC-based determination of eligibility for child care purposes;
- The monitoring policy shall include all requirements for the monitoring of provisionally employed staff members set forth in §1811.D;
- The center shall post a copy of the policy in the center in a place visible to all parents and staff;
- The center shall provide copies of the written policy to each parent/legal custodian of enrolled children, center staff member and provisionally employed staff member, and the center shall obtain signed documentation from each that a copy of the policy has been received.

Finding:

1509.A.12.a.-d. Based on record review there failed to be evidence of Monitoring Policy as required for provisionally employed staff as required. Note: Early Learning Center has had one staff S4 who was provisional and on the premises 4/17/18 - 5/25/18. Monitoring as required was noted.

1711.A.&B.&D.&G.: Child to Staff Ratio

Not Met

1711.A.&B.&D.&G.: A. Child to staff ratios are established to ensure the safety of all children.

B. Minimum child to staff ratios shall be met at all times.

- There shall be a minimum of two staff members present at an early learning center when more than one child is present.
 - Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
- D. Minimum Child to Staff Ratios for Type II and Type III centers:

Ages of Children	Ratio
Infants under 1 year	5:1
1 year	7:1
2 years	11:1
3 years	13:1
4 years	15:1
5 years	19:1
6 years and up	23:1

G. Mixed Age Groups - Minimum Child to Staff Ratios

- An average of the child to staff ratios may be applied to mixed age groups of children ages 2, 3, 4 and 5
- Child to staff ratios for children under age two are excluded from averaging.
- When a mixed age group includes children younger than age two, the age of the youngest child determines the child to staff ratio for the group.
- An average may be applied to a mixed age group consisting only of children ages 5 and older.

Finding:

1711.B.1 Based on record review there failed to always be a minimum of two staff present when more than one child is present as evidenced by on this morning 1/14/19, only S1 was present at the arrival of 3 children at 6:05 am. Second staff, S4, did not arrive until 6:30am.

1713.E.&F.: Supervision Participation

Not Met

1713.E.&F.:

E: While supervising a group of children, staff shall devote their time to supervising the children, meeting the needs of the children, and participating with them in their activities.

F: Staff duties that include cooking, housekeeping or administrative functions shall not interfere with the supervision of children.

Finding:

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1713.E.&F.: Based on observation S2 who was the sole staff supervising a group of 5 three year olds, was observed performing housekeeping duties in the kitchen and sweeping after lunch with her back turned to the children.

1901.J.&K.: Items That Can be Harmful to Children

Not Met

1901.J.&K.: J. Items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils, shall kept in a locked cabinet or other secure place that ensures they are inaccessible to children.
K. Plastic bags, when not in use, regardless of purpose or use, shall be made inaccessible to children.

Finding:

1901.J.&K.: J. Based on observation items that can be harmful to children failed to be inaccessible to the children as evidenced by 2 storage closets on hallway of classrooms were unlocked 1 containing a ladder and cleaning supplies and another containing a pole lamp which presented a falling hazard and acrylic paint was also present.

1907.C.2.: Sleeping Arrangements Labeled

Not Met

1907.C.2.: Individual sleeping accommodations shall be assigned to a child on a permanent basis and labeled, unless the cots or mats are sanitized daily.

Finding:

1907.C.2. Based on observations infants beds failed to be labeled/designated assignment for the individual child.

1917.A.: Medication Authorization

Not Met

1917.A.: Written Authorization. No medication or special medical procedure shall be administered to a child unless authorized in writing by the parent. Such authorization shall include:

1. name of child;
2. drug name and strength;
3. date(s) to be administered;
4. directions for use, including the route (oral, topical), dosage, frequency, time and schedule and special instructions, if any. It is not acceptable to note "as indicated on bottle"; and
5. signature of parent and date of signature.

Finding:

1917.A. Based on record review there failed to always be evidence that authorization is as required is obtained prior to medication being administered as on : *9/28/18 C10 received neosporin applied for a bug bite yet no authorization on file ** on 11/2/18, and 11/7/18 C5 was administered imodium yet parental authorization failed to specify directions with instructions as to when to administer; and *** on 12/3/18, 12/4/18, and 12/5/18 C3 was administered Carbinoxamine and parental authorization lacked time to be given, special instructions as to side effects and circumstances as to when to administer.