

## Statement of Deficiencies

### 1507.B.: Daily Attendance Records - Staff and Owners

Not Met

1507.B.: A daily attendance record for all staff members and owners shall be maintained that shall:

1. include the first and last name of the staff member or owner and arrival and departure times;
2. accurately reflect the staff members and owners on the center premises at any given time; and
3. be used to document staff members and owners who leave and return to the center during the day

#### Finding:

1507.B. Based on record review at approximately 12:45pm \*there failed to be a consistent method maintained for staff attendance as only 4 of the 5 staff present were signed in attendance. S1 and S2 were signed in post dated for 1/16/20.; \*\*Only 1 staff was signed in attendance on 1/14/2020 (S1) and on 1/10/2020 ( S9 ) between 5Pm and 6pm. S2 reports she was in attendance on 1/14/2020 however failed to have signed in. \*\*\*There failed to be records available of staff attendance from 12/18/19-1/8/2020.

Note: Early Learning Center is utilizing 2 methods of documentation of attendance with neither being consistent with the other.

Corrective Action Plan: S2 states they will start using Procare as the method of documentation and she will ensure everyone is signed daily. \_\_\_\_\_

### 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.

1. There shall be a minimum of two staff members present at an early learning center when more than one child is present.
2. 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

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

#### Finding:

711.A.&B.&D.&G.: A. Based on record review at approximately 2:45 pm evidence of 2 staff being present on the premises as required on 1/10/2020 with 16 children between 5pm and 6pm and on with 15 children between 5pm and 6pm on 1/14/2020. Note: Only 1 staff was noted as being signed in attendance on each. Early learning Center is using 2 inconsistent methods of documenting staff and children attendance.

Corrective Action Plan: S2 states she will by 1/17/2020 have all staff to sign in using Procare. \_\_\_\_\_

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### 1719.A.&B.: Orientation Training

Not Met

1719.A.&B.: A. Within seven calendar days of the first day present at the center, and prior to assuming sole responsibility for any children, each staff member shall receive orientation to the policies and practices of the center that at a minimum shall include:

1. child abuse identification and reporting;
2. emergency preparation;
3. licensing regulations; and
4. safe sleep practices.

B. Within 30 calendar days of date of hire, each staff member shall receive orientation to the additional policies and practices of the center that at a minimum shall include:

1. child development;
2. child guidance;
3. learning activities;
4. health and safety;
5. shaken baby prevention; and
6. CPR and first aid, as applicable.

#### Finding:

1719.A.&B.: A. Based on record review at 1:20pm there failed to be evidence that S2, S4, and S5 received the required orientation training within 7 days of of first day present in the center. S2 has been working on premises since 1/3/2020, and S4 and S5 have been on premises working since 1/6/2020. Note: S4 and S5 signed orientation form as completing it during this inspection.

Corrective Action Plan: S2 states she will reorganize and verify that all staff have the orientation as required. \_\_\_\_\_

### 1723.A.&B.: CPR Certification

Not Met

1723.A.&B.: A. Infant and child CPR. Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in infant and child CPR through training approved by the department.

B. Adult CPR. Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in adult CPR through training approved by the department.

#### Finding:

1723.A.&B.: A. Based on record review at approximately 3:00pm there failed to be evidence that fifty percent of staff members on the premises of a center and accessible to children had current certification in infant and child CPR through training approved by the department between 5:00pm -6:00pm on 1/14/2020 and between 5:48pm-6:00pm on 1/13/2020. S2 reports course has been taken however no documentation has yet been received.

Corrective Action Plan: S2 states she will obtain certificates and place on file. \_\_\_\_\_

### 1723.C.: Pediatric First Aid

Not Met

1723.C.: Pediatric First Aid. Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in pediatric first aid through training approved by the department.

#### Finding:

1723.C. Based on record review at approximately 3:00pm there failed to be evidence that fifty percent of staff members on the premises of a center and accessible to children had current certification in Pediatric First Aid between 5:00pm -6:00pm on 1/14/2020 and between 5:48pm-6:00pm on 1/13/2020. S2 reports course has been taken however no documentation has yet been received.

Corrective Action Plan: S2 states she will obtain certificates and place on file. \_\_\_\_\_

### 1901.C.: End-of-Day Check

Not Met

1901.C.: The entire center and play yard shall be checked after the last child departs to ensure that no child is left at the center and this check shall be documented. Documentation shall include date, time of visual check, and signature of the staff conducting the visual check.

#### Finding:

1901.C. Based on record review at approximately 3:00pm there failed to be evidence of end of the day check being conducted on 1/10/2020 as required.

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Corrective action Plan: S2 states she will retrain staff who close on end of day routines. \_\_\_\_\_

### 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 observations at approximately 12:30pm items that could be harmful failed to inaccessible to children as evidenced by \*disinfectant wipes labeled keep out of reach of children were beneath counter and accessible to children in 3-4 year room and on top of counter in Building #1; \*\* first aid supplies and room deodorizer spray on counter in Building #1.

Corrective Action Plan: S2 states all toxic items out of children's reach, lock cabinets as needed and monitor. \_\_\_\_\_

### 1909.B.: Infants Placed on Backs for Sleeping

Not Met

1909.B.: All infants shall be placed on their backs for sleeping.  
1. Written authorization from a physician is required for any other sleeping position.  
2. Written notice of the specifically authorized sleeping position shall be posted on or near the crib.

#### Finding:

1909.B. Based on observations at approximately 12:20pm C1 an infant was in crib asleep on stomach and no authorization for such on file.

Corrective Action Plan: S2 states she will ensure that all staff practice safe sleep procedures in caring infants. \_\_\_\_\_

### 1915.A.: Health Services - Observation

Not Met

1915.A.: Observation. Upon arrival at the center, the physical condition of each child shall be observed for possible signs of illness, infections, bruises or injuries, and when something is observed, it shall be documented and such documentation shall include an explanation from the parent or child.

#### Finding:

1915.A. Based on record review at approximately 4:30pm there failed to be evidence of daily observations that are maintained as required for children.

Corrective action Plan: S2 states all staff will be trained to ensure daily observations are maintained and monitoring will be done to ensure. \_\_\_\_\_

### 1921.C.: Evacuation Pack

Not Met

1921.C.: Evacuation Pack

The center shall have an evacuation pack, the location of which is known to all staff, that at a minimum shall contain:

1. a list of area emergency phone numbers;
2. a list of emergency contact information and emergency medical authorization for all enrolled children;
3. an emergency pick up form;
4. first aid supplies, hand sanitizer, wet wipes, and tissue;
5. diapers for children who are not toilet trained and plastic bags for diapers;
6. a battery powered flashlight and radio and batteries or a crank flashlight and crank radio; and
7. disposable cups and bottled water.

#### Finding:

1921.C. Based on observations at 4:40pm there failed to be evidence that emergency evacuation pack contained of current list of emergency contact information and emergency medical authorization for all enrolled children to also include emergency pick up forms.

Corrective Action Plan: S2 states she will ensure all required items are maintained in kit. \_\_\_\_\_