

## 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: At approximately 1:11pm, S1 failed to have documentation of a current annual inspection and approval from City Fire. The last approval expired on 1/31/2020. S1 stated she spoke to someone last week who stated they would be out to do the inspection soon.

Corrective Action Plan: S1 stated she will check with City Fire again.

### 1507.A.: Daily Attendance Records - Children

Not Met

1507.A.: A daily attendance record for children shall be maintained that shall:

1. include the child's first and last name, arrival and departure times, and first and last name of person or entity to whom the child is released;
2. accurately reflect children on the center premises at any given time; and
3. be used to sign in and out if a child leaves and returns to the center during the day.

#### Finding:

1507.A. Based on record review: At approximately 12:01pm, S1 failed to have a daily attendance record for children that accurately reflect the children on the child care premises at any given time as 55 children were present and 53 children were signed in on the log. Corrected during Licensing visit by S1. There was no documentation of the following:

- On 1/16/20 and 1/15/20, there is no documentation of the time of departure, and the name of the person to whom the child was released for 1 of 54 children.
- On 1/14/20, there is no documentation of the time of departure, and the name of the person to whom the child was released for 1 of 53 children.
- On 1/13/20, there is no documentation of the time of departure for 1 of 53 children, and no documentation of the name of the person to whom the child was released for 2 of 53 children.
- On 1/9/20, there is no documentation of the time of departure for 2 of 54 children, and no documentation of the name of the person to whom the child was released for 1 of 54 children.
- On 1/8/20, there is no documentation of the time of departure, and the name of the person to whom the child was released for 2 of 46 children.
- On 1/7/20, there is no documentation of the time of departure, and the name of the person to whom the child was released for 1 of 47 children.

Corrective Action Plan: S1 stated she will make sure to check the daily attendance log to ensure it is correct by 9:30am.

### 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. Based on record review: At approximately 1:38pm, S1 failed to have documentation that at least fifty percent (50%) of all staff or at least four staff on the premises and accessible to children, whichever is less, have current certification in infant and child CPR through training approved by the department. 2 of 11 staff present, S2 and S11, have documentation of this certification. S1 stated other staff members have CPR training, however it was not taken with an approved trainer.

Corrective Action Plan: S1 stated she will schedule to have staff take the training before the end of the week.

### 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 1:38pm, S1 failed to have documentation that at least fifty percent (50%) of all staff or at least four staff on the premises and accessible to children, whichever is less, have current certification in Pediatric First Aid through training approved by the

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department. 2 of 11 staff present, S2 and S11, have documentation of this certification. S1 stated other staff members have pediatric first aid training, however it was not taken with an approved trainer.

Corrective Action Plan: S1 stated she will schedule to have staff take the training before the end of the week.

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### 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. Based on observations: At approximately 12:06pm, Items that can be harmful to children, such as poisons and chemicals, were not kept in a locked cabinet or other secure place that ensures they are inaccessible to children as the specialist observed one spray can of "Off! Deep Woods" in an unlocked cabinet in the three-year-old classroom with S6 that was accessible to the 8 children present. Corrected by S6 during the Licensing visit.

Corrective Action Plan: S1 stated she will make sure staff remove any hazardous items from cabinets that are accessible to children.

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### 1915.B.&C.: Health Services - Parental Notification

**Not Met**

1915.B.&C.:

B. Reporting. Incidents, injuries, accidents, illnesses, and unusual behavior shall be documented and reported to the parent no later than when the child is released to the parent or authorized representative on the day of the occurrence.

C. Immediate Notification. The parent shall be immediately notified in the following circumstances:

1. blood not contained in an adhesive strip;
2. head or neck or eye injury;
3. human bite that breaks the skin;
4. animal bite;
5. impaled object;
6. broken or dislodged teeth;
7. allergic reaction skin changes (e.g. rash, spots, swelling, etc.);
8. unusual breathing;
9. symptoms of dehydration;
10. temperature reading over 101° oral, 102° rectal, or 100° axillary; or
11. injury or illness requiring professional medical attention.

#### Finding:

1915.C. Based on record review: At approximately 1:41pm, S1 failed to have documentation of immediate notification to the parent when the following occurred to a child:

- On 9/20/19, time unknown, a head injury occurred, and the parent was notified at 3:38pm.
- On 10/14/19 at 10:00am, a head injury occurred, and the parent was notified at 11:43am.

Corrective Action Plan: S1 stated she will remind staff to immediately notify parents, and document times when incidents occur that are neck and above.