

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/interview at 12:37 p.m., S1 failed to have documentation of a current annual inspection and approval from Academic Approval. The expiration date of the last approval reviewed during the licensing visit was 06/30/2021.

Corrective Action Plan: Effective 02/09/2022, S1 stated she will reach out to the Academic Approval Department in May of each year to ensure she has her current approval is received timely and to ensure this deficiency if not re-cited.

1725.A.-D.: Medication Management Training

Not Met

1725.A.-D.: A. All staff members who administer medication shall have medication administration training.

B. Whether the center is administering medication or not, each early learning center shall have at least two staff members trained in medication administration and at least one trained staff member on the premises during the hours of operation. A staff member who is a licensed practical nurse (LPN) or registered nurse (RN) with a valid nursing license shall be considered to have medication administration training.

C. Such training shall be completed every two years with an approved child care health consultant.

D. Documentation of current completion of such training shall be maintained by the center and shall be available for on-site inspection, whether as hard copies or in electronic form, upon request by the department.

Finding:

1725.A.-D. Based on record review/interview 1:46 p.m., S2, administered medication to C1 on 11/09/2021, but failed to have current documentation of training in medication administration completed with an approved Child Care Health Consultant. S1 stated S2 does not have the training and will complete the certification class on 02/12/2022.

Corrective Action Plan: Effective 02/09/2022, S1 stated she will set a reminder for two months prior to each staff's medication expiring and make a list of all that staff that do not have the certification so that they will not administer medication to ensure this deficiency is not re-cited.

1907-F.1.-5.: Prohibited Items

Not Met

1907-F.1.-5.: Prohibited Items

1. Infant walkers;
2. Toy chests, storage bins and other equipment with attached lids;
3. Latex balloons for children under age 3;
4. Trampolines; and
5. Culverts.

Finding:

1907-F.1.-5. Based on record review/interview at 12:05 p.m., Specialist observed four mini trampolines in the outdoor play area. S3 removed the trampolines during the licensing visit. The trampolines were a part of the outdoor play equipment from the OLEO grant.

Corrective Action Plan: Effective 02/09/2022, S1 stated she will pay closer attention to what is included in future grants and refuse what is prohibited to ensure this deficiency is not re-cited.