

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 Specialist's review of records on 2/10/2020, at 11:30am, S1 lacked documentation of a current certificate of Academic Approval from the Department. The date of the last approval is June 30, 2019.

Corrective Action Plan: S1 stated that on 2/10/2020, she will check with the center's owner, who handles all mail correspondence, and figure out where the updated Academic Approval is and have it available for Specialist to review at the next licensing visit.

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 Specialist's review of records on 2/10/2020, at 10:20am, the center's staff and owner's daily attendance record did not accurately reflect persons on the child care premises at any given time, as 0 of 3 staff present were signed in on the staff attendance log. S4 arrived to the center at 10:50am, and also did not attempt to sign in for the day. S1 was unable to find the staff attendance records for the week of 2/3/2020--2/7/2020,

Corrective Action Plan: S1 stated that starting on 2/11/2020, she would ensure that center staff, herself included, would work harder to maintain more accurate attendance records.

1515.B.: Consent to Release

Not Met

1515.B.: Consent to Release. The center shall obtain written consent from the parent prior to releasing any information, recordings, or photographs from which the child might be identified, except to authorized state and federal agencies. This one time written consent shall be obtained from the parent and updated as changes occur.

Finding:

1515.B. Based on Specialist's review of records on 2/10/2020, at 11:15am, S1 did not obtain written consent from the parent to release written information, recordings, or photographs, from which the child might be identified, except to authorized state and federal agencies. 0 of 5 children's files contained a consent to release form.

Corrective Action Plan: S1 stated that on 2/10/2020, she would print the consent to release form provided on the Department's website, ensure parents sign the form, and add it to the children's files.

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 Specialist's review of records on 2/10/2020, at 10:20am, S1 did not document that the entire center and play yard is checked after the last child departs to ensure that no child is left unattended at the center. According to the center's visual check log, the last recorded visual check was completed on 2/5/2020, leaving the dates 2/6/2020--2/7/2020, unaccounted for.

Corrective Action Plan: S1 stated that beginning on 2/10/2020, she will ensure that the end of the day visual check is completed each day and documented on the log as required. As an added precaution, S1 will verify each morning that the log was completed from the check of the previous day.

1901.P.: Staff Personal Belongings

Not Met

1901.P.: The personal belongings of center staff members shall be inaccessible to children.

Finding:

Statement of Deficiencies

1901.P. Based on Specialist's observations on 2/10/2020, at 10:15am, the personal belongings of center staff member, S3, was accessible to children. During the walk-through, Specialist observed a bottle of body lotion and a clear, lidded mug with what appeared to be coffee, sitting on a low table, accessible to a group of eight children, ages 2-3 years. Specialist brought this to S1's attention, who instructed S3 to put her belongings away out of the children's reach. Specialist also reminded S1 that if the beverage in the mug was in fact coffee, that staff are not to consume hot beverages around children.

Corrective Action Plan: S1 stated that she would ensure that staff are reminded on 2/10/2020, that their personal belongings, including drinks, are to be put away or made inaccessible to children.

1911.E.: Daily Reports for Infants

Not Met

1911.E.: Daily Reports for Infants. Written reports that include the liquid intake, food intake, disposition, bowel movements and eating and sleeping patterns shall be given to the parents of infants on a daily basis. Reports shall be kept current throughout the day.

Finding:

1911.E. Based on Specialist's review of records/interview on 2/10/2020, at 10:15am, S2 lacked a daily written report for 2 of 2 infants. When Specialist inquired about the daily infant reports, S2 stated that she had just arrived at the center before Specialist. Specialist advised that she complete the forms for the two infants, however, there were no blank forms available.

Corrective Action Plan: S1 stated that beginning on 2/11/2020, she would ensure that blank daily infant report forms remained available for the infant room staff to complete each day on the infants present at the center.

1921.E.: Tornado Drills

Not Met

1921.E.: Tornado drills shall be conducted at least once per month in the months of March, April, May, and June at various times of the day necessary to include all children and shall be documented.

Finding:

1921.E. Based on Specialist's review of records on 2/10/2020, at 12:00pm, S1 did not have documentation of tornado drills that were conducted at least once per month during the months of March, April, May, and June. The date of the last tornado drill that was conducted was June 20, 2018. S1 failed to conduct all required tornado drills for 2019.

Corrective Action Plan: S1 stated that she will ensure that the tornado drills for March, April, May, and June 2020, are completed.
