

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 on 02/11/2019, S1 failed to have a current academic approval by the department as evidenced by the center's most current academic approval expired on 06/30/2018. Per S1's statement, she received a new academic approval on July 11, 2018 however she could not find the document prior to specialist departure.

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 on 02/11/2019, provider failed to document explanation from parent or child when staff observed possible signs of illness, infections, bruises or injuries as evidenced by the center's daily observation log dated 01/30/2019 to 02/04/2019 indicate that scratches, bruises, and ringworms were observed on children however no explanation from the parent or child was documented. Per S1's statement, she was not aware an explanation should be documented for injuries occurring outside of the center.

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 observations on 02/11/2019, provider failed to make immediate notification to the parent when a head injury occurred as evidenced by the center's incident, injury, accident, illness, and behavior report indicates that C3, age one years old, received a head injury on 07/03/2018, 07/25/2018, 08/01/2018, and 12/11/2018 and immediate notification was not made to the parent. On 07/03/2018, C3 bumped his head at 2:00 PM and parent was not notified until 5:09 PM. On 07/25/2018, C3 bumped is head at 8:57 AM and parent was not notified until 4:35 PM. On 08/01/2018, C3 bumped his forehead at 8:10 AM and parent was not notified until 5:17 PM. On 12/11/2018, C3 bumped his forehead at 2:00 PM and parent was not notified until 5:14 PM.

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.

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Finding:

1917.A. Based on record review on 02/11/2019, provider failed to have written authorization to administer medication for C7, age two years old, as evidenced by the center's medication administration packet form failed to include the dates to be administered, directions for use, including the route (oral, topical), time and schedule, special instructions, if any, and date of parent signature.

1917.D.: Medication Authorization - Non-Prescription Medication

Not Met

1917.D.: If a non-prescription medication label reads "consult a physician", the early learning center shall also maintain a written authorization from a licensed health care provider for the child to take the medicine.

Finding:

1917.D. Based on record review on 02/11/2019, provider failed to maintain written authorization for non-prescription medication that reads "consult a physician" as evidenced by the medication log dated 12/10/2018 through 01/16/2019 indicate that C6 and C7 were given non-prescription medication without a written authorization from a licensed health care provider. C6, age two years old, was administered Benadryl on 01/16/2019 which states "do not use unless directed by a doctor" for ages 2 -5 years old. C7, age two years old, was administered Acetaminophen on 12/10/2018 which states "ask a doctor" for children under age 2. C7 was age one at the time the Acetaminophen was administered. C7 was also given Zarbees Cough Syrup on 01/11/2019 but specialist could not determine if a written authorization from a licensed health care provider was required due to the medicine no longer being on the premises. S1 stated that the parents provided the medicine to be administered to the children.

1917.H.: Medication Administration Records

Not Met

1917.H.: Records. Medication administration records shall be maintained for all children regardless of who administers the medication. Records shall include the following:

1. name of the child and medication name and dosage administered;
2. date and time medication administered;
3. documentation of telephone contact with parent prior to giving "as needed" medication;
4. signature of person administering medication or witnessing the child administering own medication;
5. signature of person completing the form; and
6. when a parent administers medication to his/her own child on center premises, the medication administration record shall be documented by either the parent or a staff member.

Finding:

1917.H. Based on record review on 02/11/2019, medication administration records failed to be maintained for all children as evidenced by the center's medication log dated 12/10/2018 to 01/16/2019 indicate that S1 and S3 administered medication to C6 and C7, age two years old, and failed to document telephone contact with parent prior to giving "as needed" medication. Per S1's statement, she always text the parents but failed to document the contact.