

Statement of Deficiencies

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/observations at 10:15am, S1 failed to have a daily attendance record for children that accurately reflect the children on the child care premises. The daily attendance log for children did not include the child's first and last name, the time of departure, and the first and last name of the person to whom the child was released for the following:

- On 3/10/2020, 14 children were present, however 9 children were signed in on the log; 4 of 9 children signed in on the log did not have documentation of the child's first and last name.

- On 3/5/2020, 4 of 10 children did not have documentation of the child's last name; 5 of 10 children did not have documentation of the departure time, and the first and last name of the person the child was released to.

- On 3/6/2020, 7 of 13 children did not have documentation of the child's last name, departure time, and the first and last name of the person the child was released to.

- On 3/9/2020, 6 of 11 children did not have documentation of the child's last name, and departure time; 5 of 11 children did not have documentation of the first and last name of the person the child was released to.

Previous Corrective Action Plan on 2/4/2020, S1 stated she would remind parents to sign children out.

Corrective Action Plan: Effective 3/10/2020, S1 stated she will update the children's sign in sheet to include the children's first and last name. S1 also stated she will print a sign and post on the front door, at nap time today, to remind parents to sign children in and out.

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:

NEW 1507.B. Based on record review/observations at 10:15am, S1 failed to have a staff and owner's daily attendance record that accurately reflect persons on the child care premises. The Specialist observed S1 on premises, however, there is no documentation of S1's arrival time for 3/10/2020. S1 stated she arrived at 6:30am. S1 also stated S2 was on premises between 6:30am - 9:00am, however there is no documentation of S2's arrival or departure.

Corrective Action Plan: Effective 3/10/2020, S1 stated she will post a reminder sign on the chalkboard near the front entrance, at nap time today, to remind staff to sign in and out daily.

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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:

NEW 1711.B.1. Based on record review at 10:18am, S1 failed to have a minimum of two child care staff present at the early learning center, when more than one child was present on 3/10/2020. One staff member, S1, was supervising more than one child between 7:20am - 7:59am. Ratio was met at 8:00am, when S2 arrived at the center. Three children (1 two-year-old, 1 three-year-old, and 1 four-year-old) were present at 8:00am when S2 arrived. S1 stated S3 was on premises between 6:30am - 9:00am, however there is no documentation of S3's arrival or departure.

Corrective Action Plan: Effective 3/10/2020, S1 stated she will ensure ratio is met at all times by continuing to schedule herself and S3 to arrive at 6:30am daily. S1 also stated she will post a sign on the chalkboard near the front entrance, at nap time today, to ensure staff are signing in and out daily.

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 10:20am, 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, have current certification in infant and child CPR through training approved by the department. 0 of 2 staff present have documentation of this certification. S1 stated staff still have to take the second part of the the training on Saturday, and that the first part was taken online.

Previous Corrective Action Plan on 2/4/2020, S1 stated she would schedule to have staff complete the training with American Red Cross by 2/5/2020.

Corrective Action Plan: Effective 3/10/2020, S1 stated she will put a reminder on her calendar to remind her of training expiration dates, to prevent being re-cited for the deficiency.

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.A. Based on record review at 10:20am, 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, have current certification in pediatric first aid training approved by the department. 0 of 2 staff present have documentation of this certification. S1 stated staff still have to take the second part of the the training on Saturday, and that the first part was taken online.

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Previous Corrective Action Plan on 2/4/2020, S1 stated she would schedule to have staff complete the training with American Red Cross by 2/5/2020.

Corrective Action Plan: Effective 3/10/2020, S1 stated she will put a reminder on her calendar to remind her of training expiration dates, to prevent being re-cited for the deficiency.

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 10:29am, S1 failed to document that the entire center and play yard was checked after the last child departed on 3/5/2020, 3/6/2020, and 3/9/2020, to ensure that no child was left unattended at the center. S1 stated she conducted the visual check, however forgot to document it.

Previous Corrective Action Plan on 2/4/2020, S1 stated she would try to remember to document that she conducted the visual check walk-through.

Corrective Action Plan: Effective 3/10/2020, S1 stated she will create and print a "Closing Checklist" at nap time today, to remind her to document that the visual check was conducted prior to leaving the center.
