

Statement of Deficiencies

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 record review/interview(s):

S1 failed to documentation of a daily attendance record for Staff and Owners, to include the time of arrival and departure.

Corrective Action Plan: S1 stated effective, 04/05/2021, staff will begin to sign in via ProCare to ensure this deficiency is not re-cited.

1707.A.1.&2.: Required Staffing - Director or Director Designee

Not Met

1707.A.1.&2.: Director or Director Designee. Each center shall have a qualified director or qualified director designee.

1. The director or director designee shall be an on-site, full-time staff person at the center during the daytime hours of operation (prior to 9 p.m.). When the director is not an on-site full-time employee at the licensed location, there shall be a qualified director designee who is an on-site full-time employee at the licensed location.
2. The director or director designee shall be responsible for planning, managing, and controlling the center's daily activities, as well as responding to parental concerns and ensuring that minimum licensing requirements are met.

Finding:

1707.A.1.&2 Based on interview: The center's directors, S1 and S2 are not on-site full time employees of the licensed location and there was not an on-site full time qualified Director Designee given responsibility for planning, managing, and controlling the center's daily activities, as well as responding to parental concerns and ensuring that minimum licensing requirements are met.

Corrective Action Plan: S1 stated effective 04/05/2021, S1 or S2 will alternate weeks (being in the center at least 32 hours a week) in the month until another staff can qualify as director.

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:

1711 A.&B.&D.&G Based on record review/observation/interview: S1 failed to meet the required child to staff ratio for children before S1 came onto the premises at 12:26pm.

Specialist observed S5 in the outdoor play area, at approximately 9:45am with one 9 month old infant, two 1-year olds, four 2-year-olds, five 3-year olds, three 4-year-olds and one 5-year-old. The required ratio for infants if five children per one staff, the required ratio for 1-year-old children is seven children per one staff. Two staff were needed in the outdoor play area to satisfy ratio. There was not a third staff on the premises until S1 came onto the premises at 12:26pm.

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Corrective Action Plan: S1 stated effective, 04/05/2021, there will be a minimum of three staff on the premises at all times to ensure that this deficiency is not re-cited.

1711.H.: Rest Time - Minimum Child to Staff Ratio

Not Met

1711.H.: Rest Time - Minimum Child to Staff Ratios

1. Sufficient staffing needed to satisfy child to staff ratios shall be present on the premises during rest time and available to assist as needed.
2. Children ages one and older may be grouped together at rest time with one staff member in each room supervising the resting children.

Finding:

1711.H. Based on observations/record review/interview: S1 failed to have sufficient staff needed to satisfy child to staff ratio on the premises during rest time and available to assist as needed. The following ages and children were on the premises on 04/01/2021:

- Four infants
- two 1-year old children
- four 2-year old children
- five 3-year-old children
- three 4-year-old children
- one 5-year-old child

One staff was needed to attend to the four infants and one 1-year-old, a second staff was needed to attend to the remaining 1-year-old, four 2-year-olds and two 3-year-old children. There was not a staff on the premises for the remaining seven children ages three to five years of age. S1 came onto the premises at 12:26pm.

Corrective Action Plan: S1 stated effective, 04/05/2021, there will be a minimum of three staff on the premises at all times to ensure that this deficiency is not re-cited.

1719.A.&B.: Orientation Training

Not Met

1719.A.&B.: A. Within seven calendar days of the first day present at the center, and prior to assuming sole responsibility for any children, each staff member shall receive orientation to the policies and practices of the center that at a minimum shall include:

1. child abuse identification and reporting;
2. emergency preparation;
3. licensing regulations; and
4. safe sleep practices.

B. Within 30 calendar days of date of hire, each staff member shall receive orientation to the additional policies and practices of the center that at a minimum shall include:

1. child development;
2. child guidance;
3. learning activities;
4. health and safety;
5. shaken baby prevention; and
6. CPR and first aid, as applicable.

Finding:

1719 A & B Based on record review/interview: S4 and S5 lacked documentation that orientation was received within seven days of the first day present at the center and prior to having sole responsibility for any children and received additional orientation within thirty days of date of hire. S1 stated S2 will complete an orientation with both S4 and S5 on 04/05/2021.

Corrective Action Plan: S1 stated effective, 04/05/2021, all new staff will complete a planned orientation at with the S2 within a week of hire to ensure this deficiency is not re-cited.

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&B Based on record review/interview: S1 failed to have documentation that at least fifty percent (50%) of all staff on the premises and accessible to the children 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. Zero of four staff had documentation of this certification. S1 stated S3, S4 and S5 will complete on-line

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certification on 04/02/2021.

Corrective Action Plan: S1 stated, effective 04/05/2021, a reminder will be kept on the center's calendar six months prior to expiration to ensure this deficiency is not re-cited.

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/interview: S1 failed to have documentation that at least fifty percent (50%) of all staff on the premises and accessible to the children 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 department. Zero of four staff had documentation of this certification. S1 stated S3, S4 and S5 will complete on-line certification on 04/02/2021.

Corrective Action Plan: S1 stated, effective 04/05/2021, a reminder will be kept on the center's calendar six months prior to expiration to ensure this deficiency is not re-cited.

1725.A.-C.: Medication Management Training

Not Met

1725.A.-C.: 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 on the premises. 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.

Finding:

1725.A.-C. Based on record review/interview(s):
S1 failed to have at least two staff members trained in medication administration whether the early learning center administers medication or not on premises on 04/01/2021. S3 has the certification and came onto premises at 12:38pm.

Corrective Action Plan: S1 stated, effective 04/05/2021, a reminder will be kept on the center's calendar six months prior to expiration to ensure this deficiency is not re-cited.

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:
The Provider 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.

Corrective Action Plan: S1 stated, effective 04/01/2021, a form will be placed above the alarm keypad that staff are to complete before they enable the alarm to ensure this deficiency is not re-cited.

1901.I.: Microwave Ovens, Bottle Warming Devices, Crock Pots

Not Met

1901.I.: Microwave ovens, bottle warming devices and crock pots are prohibited in areas accessible to children.

Finding:

1901.I. Based on observations/interview(s):
S1 failed to have a bottle warming device in the infant room inaccessible to children. Specialist observed a bottle warmer on the top miniature refrigerator that was accessible to children. S1 removed the bottle warmer at 1:37pm.

Corrective Action Plan: S1 stated effective 04/01/2021, if a child needs a warm bottle, they will use a cup of hot water in the sink in the infant room to ensure this deficiency is not re-cited.