

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 observation/record review at 9:45 a.m., the staff and owner's daily attendance record failed to accurately reflect persons on the child care premises at any given time as 4 of 8 staff were not signed in on the center's attendance record. Specialist observed S2, S3, S4, S5, and S13 failed to sign in. S1 stated S2, S4, S5, and S13 are signed in on the corporate accounts for payroll and not specifically to the center's physical location. Staff corrected by signing into the appropriate attendance records.

Corrective Action Plan: Effective 4/4/2022, S2 stated she will review the ProCare staff attendance log for accuracy no later than 9 a.m. daily to make sure all staff are signed in appropriately. A paper log will be maintained for all corporate staff who come into the center and will be kept current, to ensure this deficiency is not recited.

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 four children are present.
 2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
- C. The department's form noting required child-to-staff ratios shall be posted in each room included in the center's licensed capacity.
- D. Minimum child-to-staff ratios for type II and type III centers are as follows.

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 two, three, four and five.
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 five and older.

Finding:

1711.A.&B.&D.&G.: Based on observation at 10:39 a.m., S6 stepped out of the classroom and walked down the hallway toward the front office, leaving S7 alone in the classroom with 4 infants and 4 one-year-old children. S1 walked toward S6 and gestured for her to return to the classroom and ratio was corrected. Two staff were needed to meet ratio at all times.

1711.A.&B.&D.&G.: Based on record review/interview(s) at 12:30 p.m., Specialist reviewed the staff attendance record for 3/3/2022 and determined that S1 failed to meet the child-to-staff ratio at 8:30 a.m. as there were only three staff, S6, S10, and S11 signed into attendance record with 33 children signed in on the log, 5 infants, 6 one-year-old, 11 two-to-three-year old, and 11 three-to-four-year-old children. One additional staff person was needed to meet child-to-staff-ratio. At 12 p.m., S10 signed out of the center, leaving S6 and S11 as the only staff signed into the attendance record. Two additional staff were needed to meet child-to-staff ratio. S6 signed out at 12:06 p.m., leaving S11 as the only staff signed into attendance record. Three additional staff were needed to meet child-to-staff-ratio. The record documented that S6 returned at 12:58 p.m., and signed out at 3:30 p.m. Two additional staff were needed to meet child-to-staff ratio. S11 was the only staff signed in on the record from 3:30 p.m. until the time that the last child departed at 5:50 p.m. Three additional staff were needed at 3:30 p.m. to meet child-to-staff ratio. S4 stated she and S11, and another staff from another center location were present throughout the day, but failed to sign into the center's attendance record. S4 stated from 3:30 p.m. to 4:22 p.m., S11 was the only staff supervising 5 infants and 6 one-year-old children.

Corrective Action Plan: Effective 4/4/2022, S2 stated she will review child-to-staff ratio with all staff and document all staff in attendance no later than 4/8/2022, to ensure this deficiency is not recited.

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1715.A.1.&3.: Staff Records and Personnel Files

Not Met

1715.A.1.&3.: Staff Members. Personnel files for each staff member shall be maintained at the center and shall include the following:

1. an application or staff information form containing the following information:
 - a. name;
 - b. date of birth;
 - c. home address and phone number;
 - d. training,
 - e. work experience;
 - f. educational background;
 - g. hire date; and
 - h. first day onsite working with children;
3. Upon termination or resignation of employment, the last date of employment and reason for leaving;

Finding:

1715.A.1.: Based on record review at 11 a.m., S1 failed to maintain a staff personnel file with an application/staff information form to include the following:

- S4's hire date and first day onsite working with children;
- S5's hire date and first day onsite working with children, work experience, and educational background;
- S9's training, work experience, and educational background; and
- S12's name, date of birth, home address, hire date and first day working onsite with children, training, work experience, and educational background.

Corrective Action Plan: Effective 4/4/2022, S2 stated she will conduct an audit of all staff files for all current staff no later than 4/22/2022 and correct as needed, to ensure this deficiency is not recited.

Statement of Deficiencies

1719.A.-C.: Orientation Training

Not Met

1719.A.-C.: 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 center-specific orientation to the policies and practices of the center that at a minimum shall include information on the center:

1. child abuse identification and reporting, including phone numbers for mandatory reporting and suspected child abuse and neglect;
2. location of emergency exits and emergency preparedness plans;
3. handling of emergencies due to food/allergic reactions;
4. location of first-aid supplies;
5. list of children with allergies and special needs;
6. identification of critical staff including but not limited to staff trained in CPR and first aid and staff who can administer medicine;
7. child release policies and restrictions;
8. child-to-staff ratio policies;
9. daily schedules;
10. opening policy;
11. closing policy; and
12. transportation policy and vehicle inspection procedures.

B. 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 complete the LDE Key Training Module 1 and the DCFS online Mandated Reporter Training. Key Training Module 1 shall at a minimum include information on the following:

1. general emergency preparedness, including natural disasters and man-caused events;
2. professionalism;
3. health and safety, which includes: daily observations, supervision regulations, daily attendance, child to staff ratios, improper discipline, prohibited discipline, prevention of shaken baby syndrome, prevention of abusive head trauma and child maltreatment, food safety, choking risks recognition and reporting of child abuse and neglect;
4. administration of medication consistent with standards for parental consent;
5. prevention and response to emergencies due to food and allergic reactions;
6. appropriate precautions in transporting children, if applicable;
7. public health policies, prevention and control of infectious diseases, including immunization information;
8. handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
9. pediatric first aid and cardiopulmonary resuscitation (CPR);
10. prevention of sudden infant death syndrome and use of safe sleep practices;
11. outdoor play practices;
12. environmental safety; and
13. building and physical premises safety, including identification of and protection from hazards, bodies of water and vehicular traffic;
14. child release practices; and
15. critical incident practices and licensing regulations

C. Within 30 calendar days of the first day present at the center and prior to assuming sole responsibility for any children, each staff member shall complete the LDE Key Orientation Training Modules 2 and 3, that at a minimum shall include information on the following:

1. child development;
2. child guidance;
3. learning activities;
4. health and safety; and
5. early learning development standards.

Finding:

1719.B.-C.: Based on record review at 12 p.m., S1 failed to complete the following orientation requirements for staff:

-S7's first day present at the center was 3/10/2022, and there was no documentation that the LDE Key Training Module 1, and DCFS Mandated Reporter training were completed; and

-S9's first day present at the center was 2/9/2022, and there was no documentation that the LDE Key Training Module 1, 2, and 3, and DCFS Mandated Reporter Training were completed.

Corrective Action Plan: Effective 4/4/2022, S2 stated she will have S7 complete her orientation requirements no later than 4/8/2022. All new hired staff will complete the training modules and mandated reporter training within the first two days of starting in the center, to ensure this deficiency is not recited.

Statement of Deficiencies

1723.A.&B.: CPR Certification - Infant/Child

Not Met

1723.A.&B.: A. Infant and child CPR. All staff members on the premises of a center and accessible to children shall have current certification in infant and child CPR through training approved by the department.

B. Adult CPR. All staff members on the premises of a center and accessible to children shall have current certification in adult CPR through training approved by the department.

CPR Certification

Finding:

1723.A.&B.: Based on record review/interview at 1 p.m., S1 failed to have documentation that all staff on the premises and accessible to the children have a current certification in infant, child, and adult CPR through training approved by the department. S2, S4, and S8 were on the premises and accessible to children and their personnel files failed to include a current certification. S4's date of hire was 8/1/2021 and has worked in the center full-time since 3/15/2022. S1 stated S4 is scheduled to complete the training on 4/11/2022. S9's date of hire was 2/8/2022, and personnel file failed to include a current certification. S1 stated S2, S8, and S9 have no training scheduled at this time.

The staff attendance record for 3/3/2022 documented S6 was the only staff present with a current certification in infant, child, and adult CPR from 8:30 a.m. to 12:00 p.m. with two staff, S10 and S11 present, and from 12:58 p.m. to 3:30 p.m. with one staff, S11 present. S11, who failed to have a current certification, was the only staff signed in on the staff attendance record from 12:06 p.m. to 12:58 p.m. and 3:30 p.m. to 7 p.m.

Corrective Action Plan: Effective 4/4/2022, S2 stated she will look at the schedule of classes on 4/5/2022, and schedule all staff who are not certified no later than 6/1/2022. All new hired staff will be scheduled at their time of hire and complete within 60 days, to ensure this deficiency is not recited.

1723.C: Pediatric First Aid

Not Met

1723.C: C. All staff members on the premises of a center and accessible to children shall have current certification in pediatric first aid through training approved by the department.

Finding:

1723.C.: Based on record review/interview at 1 p.m., S1 failed to have documentation that all staff on the premises and accessible to the children have a current certification in pediatric first aid through training approved by the department. S2, S4, and S8 were on the premises and accessible to children and their personnel files failed to include a current certification. S4's date of hire was 8/1/2021 and has worked in the center full-time since 3/15/2022. S1 stated S4 is scheduled to complete the training on 4/11/2022. S9's date of hire was 2/8/2022, and personnel file failed to include a current certification. S1 stated S2, S8, and S9 have no training scheduled at this time.

The staff attendance record for 3/3/2022 documented S6 was the only staff present with a current certification in pediatric first aid from 8:30 a.m. to 12:00 p.m. with two staff, S10 and S11 present, and from 12:58 p.m. to 3:30 p.m. with one staff, S11 present. S11, who failed to have a current certification, was the only staff signed in on the staff attendance record from 12:06 p.m. to 12:58 p.m. and 3:30 p.m. to 7 p.m..

Corrective Action Plan: Effective 4/4/2022, S2 stated she will look at the schedule of classes on 4/5/2022, and schedule all staff who are not certified no later than 6/1/2022. All new hired staff will be scheduled at their time of hire and complete within 60 days, to ensure this deficiency is not recited.

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 5:20 p.m., S1 failed to document that the entire center and play yard was checked after the last child departed on 3/3/2022, 3/25/2022, and 4/1/2022.

Corrective Action Plan: Effective 4/4/2022, S2 stated she will print a pre-printed calendar that includes the dates and list of holidays and school closures. Documentation will be reviewed at arrival the following day and corrected as needed, to ensure this deficiency is not recited.

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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.B.&C.: Based on record review at 5 p.m., Specialist reviewed the center's incident reports from 2/1/2022 to 4/4/2022, and S1 failed to notify the parent immediately or no later than the end of the day for the following incidents:

- On 2/1/2022 at 9:30 a.m., a child leaned forward to grab a toy and hit his lip, causing it to bleed a little, and there was no immediate notification documented;
- On 2/16/2022 at 2:45 p.m., a child was sitting up with a boppy pillow and flew forward and hit his head on the ground, and there was no immediate notification documented;
- On 2/22/2022, time unknown, a child went down the baby slide head first and hit their mouth, and there was no immediate notification documented;
- On 2/22/2022 at 4:15 p.m., a child fell off the baby slide, and there is no date or time that the parent signed they were notified;
- On date and time unknown, a child was punched in the face by another child and his nose started bleeding, and there was no immediate notification documented. The parent signed and dated the incident report on 3/7/2022 at 6 p.m.;
- On 3/21/2022 at 10:05 a.m., two children were hit in the face by another child who was throwing chairs, and there was no immediate notifications documented; and
- On 3/24/2022 at 9:35 a.m., a child tripped on a toy and bumped their head, and there was no immediate notification documented.

Corrective Action Plan: Effective 4/4/2022, S2 stated she will review incidents and reporting with all staff and document all staff in attendance no later than 4/8/2022, to ensure this deficiency is not recited.