

Statement of Deficiencies

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 2:50pm, 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. 3 of 13 staff present, (S9, S11, and S15) had documentation of this certification. The Specialist observed S2 schedule the training for Saturday, 4/17/2021.

Corrective Action Plan: Effective 4/12/2021, S2 stated she will create a Google drive calendar spreadsheet and reminder to ensure they have at least 50% of staff with current CPR training. S2 also stated she will also review the daily schedule to make sure at least four staff are present at all times.

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 at 2:50pm, 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 through training approved by the department. 3 of 13 staff present, (S9, S11, and S15) had documentation of this certification. The Specialist observed S2 schedule the training for Saturday, 4/17/2021.

Corrective Action Plan: Effective 4/12/2021, S2 stated she will create a Google drive calendar spreadsheet and reminder to ensure they have at least 50% of staff with current pediatric first aid training. S2 also stated she will also review the daily schedule to make sure at least four staff are present at all times.