

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 at 11:30am, the daily attendance records for staff and owners did not accurately reflect the staff members/owners on the center premises as S2 was present but failed to sign in. S8 was not present and signed in for 7:29am and failed to sign out. Attendance corrected during the visit.

Corrective Action Plan: Effective 4/20/2021, S6 will ensure all staff persons are signing in and signing out to ensure 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 at 11:55am, S6 failed to have documentation that 2 of 9 staff, S6 and S9, received orientation within seven days and thirty days of the date of hire. S6 was hired on 3/7/2021 and S9 was hired on 3/1/2021. According to O1, documents are completed but are locked in a staff's office away from the center. O1 had S6 and S9 complete an orientation form during the visit.

Corrective Action Plan: Effective 4/20/2021, S6 will ensure that all staff has orientation training within 7 days of date of hire and additional training completed within 30 days 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 at 12:00pm, S6 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, had current certification in infant/child/adult CPR through training approved by the department. 3 of 7 staff had documentation of this certification. According to O1, S7 has taken the training but is waiting on certificates of certification.

Corrective Action Plan: Effective 4/20/2021, S6 ensures she will have at least 50% of the staff on the premises trained in CPR to ensure this deficiency is not re-cited.

Statement of Deficiencies

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 12:00pm, S6 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, had current certification in pediatric first aid through training approved by the department. 3 of 7 staff had documentation of this certification. According to O1, S7 has taken the training but is waiting on certificates of certification.

Corrective Action Plan: Effective 4/20/2021, S6 ensures she will have at least 50% of the staff on the premises trained in CPR to ensure this deficiency is not re-cited.
