

Statement of Deficiencies

713.A.: Office of Public Health, State Fire, City Fire Approval

Not Met

713.A.: Annual licensing inspections by the department, current approvals by the Office of Public Health, Office of State Fire Marshal, and city fire (if applicable), and academic approval by the department (if type III center) shall be required before the expiration of an existing license. However, if a center has documentation establishing that the center requested an inspection by the Office of Public Health or the Office of State Fire Marshal prior to the expiration of the existing license, these approvals may be submitted to the department within 90 calendar days of the date of the license renewal.

Finding:

713.A. Based on record review at approximately 12:48 p.m., S1 failed to have documentation of a current annual inspection and approval available during the licensing visit from the Office of Public Health and Academic Approval. The dates of the last inspections/approvals were unavailable

Corrective Action Plan: Effective 04/21/2022, S2 stated a copy of each approval will be kept in the "new licensing binder" to ensure they are available at all times and this deficiency is being met.

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 approximately 12:31 p.m., the center's staff and owner's daily attendance record failed to accurately reflect persons on the child care premises at any given time as evidenced by S1 was signed in for 9:00 and S5 was signed in for 8:00; neither were on premises. S1 arrived back on premises at 12:57 p.m. S1 stated S5 left "earlier" for a family emergency. On 03/18/2022, S1, S2, S3 and S5 did not sign out on the staff attendance log.

Corrective Action Plan: Effective 04/21/2022, S2 stated the staff who completes the "visual check" will also "check to make sure" all staff are signed out for the day to ensure this deficiency is being met.

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.
 3. The department's form noting required child-to-staff ratios shall be posted in each room included in the center's licensed capacity.
 4. 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.&G Based on observation at approximately 2:40 p.m., S3 failed to meet the required child to staff ratio for children. Specialist observed S3 leave out of the center, leading 15 children, two and three years of age, outside to the outdoor play area. The required ratio for children of this age is 12 children per 1 staff person. S3 was outside, alone with the 15 children until 2:46 p.m. when S2 and S4 lead the remaining 23 children outside into the play yard. S2 stated the three year old teacher, S8, is out due to a death in her family.

Corrective Action Plan: Effective 04/21/2022, S2 stated until S8 comes back, she will put the three 3-year-old children in her class that S3 currently has from S8's class to ensure this deficiency is being met.

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1713.E.&F.: Supervision Participation

Not Met

1713.E.&F.:

E: While supervising a group of children, staff shall devote their time to supervising the children, meeting the needs of the children, and participating with them in their activities.

F: Staff duties that include cooking, housekeeping or administrative functions shall not interfere with the supervision of children.

Finding:

**** NEW **** 1713.E Based on observation at approximately 2:27 p.m., While supervising a group of children, two to five years of age, S2 did not devote her time to supervision of the children, meeting the needs of the children, and in participation with the children in their activities. Specialist observed S3 sitting in a chair, near children, on her phone while S4 assisted children in the restroom and S3 retrieved snack from the kitchen. Specialist also observed S4, at 2:35 p.m., sitting near children on the phone as S3 passed snack out to children and S2 was sitting at a table completing paper work with her back turn to the children. S4 put her phone away at 2:36 p.m..

Corrective Action Plan: Effective 04/21/2022, S2 stated phones will be kept in the office area to ensure they are participating with children and this deficiency is being met

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/interview at approximately 12:43 p.m. S1 failed to have S4's personnel folder on premises that included an application/staff information form to include name, date of birth, home address and phone number, training, work experience, educational background, hire date, and first day on-site working with children. S1 stated she had taken S4's folder to the other center to send off paperwork for S4 to become designee.

Also, there failed to documentation of S8's date of hire available for review. S2 stated she is not sure of S8's date of hire.

Corrective Action Plan: Effective 04/21/2022, S2 stated copies of all staff info will be made and kept in a binder "together" to ensure all staff information is correct and available for review at all times to ensure this deficiency is being met.

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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.A.-C. Based on record review at approximately 1:16 p.m.S1 failed to have documentation that S8 received orientation and completed the LDE Key Training Module 1 within seven days of the first day present at the center and prior to having sole responsibility for any children.

Corrective Action Plan: Effective 04/21/2022, S2 stated all required orientations will be kept in the "new binder" that she will create to ensure this deficiency is being met.

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:

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**** NEW **** 1723.A.&B. Based on record review/interview at approximately 3:11 p.m., S1 failed to have documentation that all staff on the premises and accessible to the children have current certification in infant and child CPR through training approved by the department. Four of eight staff had documentation of this certification. S4 stated she and S3 have not taken the class yet and she is not sure when it will be scheduled.

Corrective Action Plan: Effective 04/21/2022, S2 stated a reminder will be set for seven days after a new staff is hired and three months prior to an existing staff's certification expiration to ensure this deficiency is being met.

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:

**** NEW **** 1723.C Based on record review/interview at approximately 3:11 p.m., S1 failed to have documentation that all staff on the premises and accessible to the children have current certification in Pediatric First Aid through training approved by the department. Four of eight staff had documentation of this certification. S4 stated she and S3 have not taken the class yet and she is not sure when it will be scheduled.

Corrective Action Plan: Effective 04/21/2022, S2 stated a reminder will be set for seven days after a new staff is hired and three months prior to an existing staff's certification expiration to ensure this deficiency is being met.

1725.A.-D.: Medication Management Training

Not Met

1725.A.-D.: 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 trained staff member on the premises during the hours of operation. 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.

D. Documentation of current completion of such training shall be maintained by the center and shall be available for on-site inspection, whether as hard copies or in electronic form, upon request by the department.

Finding:

**** NEW **** 1725.A.-D. Based on record review 3:11 p.m., S1 failed to have at least one staff member on the premises trained in medication administration. There was no documentation available to indicate which staff have the certification.

Corrective Action Plan: Effective 04/21/2022, S2 stated that S2, S3 and/or S4 will take the certification to ensure a staff with the certification is always on premises and that this deficiency is being met.

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 approximately 2:17 p.m., S1 failed to have documentation that the entire center and play yard was checked after the last child departed on 03/29/2022 to ensure that no child is left unattended at the center.

Corrective Action Plan: Effective 04/21/2022, S2 stated the last two staff will sign the end of day check to ensure it is completed each day and the deficiency is being met.

1901.J.&K.: Items That Can be Harmful to Children

Not Met

1901.J.&K.: J. Items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils, shall be kept in a locked cabinet or other secure place that ensures they are inaccessible to children.

K. Plastic bags, when not in use, regardless of purpose or use, shall be made inaccessible to children.

Finding:

**** NEW **** 1901.J. Based on observation at approximately 2:47 p.m., items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils, were not kept in a locked cabinet or other secure place that ensures they are inaccessible to children. Specialist observed two cans of Lysol and a container of Lysol wipes on shelves in reach of children.

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Corrective Action Plan: Effective 04/21/2022, S2 stated the "opener" will go around the center to make sure all cleaning supplies and chemicals are "picked up" and out of reach of children to ensure this deficiency is being met.

1901.P.: Staff Personal Belongings

Not Met

1901.P.: The personal belongings of center staff members shall be inaccessible to children.

Finding:

** NEW ** 1901.P. Based on observations at approximately 2:47 p.m., the personal belongings of center staff members failed to be inaccessible to children. Specialist observed a brown backpack purse, a brown, pink and white thermal cup, and a spoon on top of a filing cabinet accessible to children in the four and five year old classroom. Specialist also observed a black "Thermos" cup on top of a shelf near the restrooms with coffee in it (not hot).

Corrective Action Plan: Effective 04/21/2022, S2 stated all personal items will be kept in a file cabinet and their cups will be kept in the kitchen to ensure this deficiency is being met.

1903.C.: Free of Hazards

Not Met

1903.C.: Indoor and outdoor areas shall be free of hazards.

Finding:

1903.C. Based on observations at approximately 2:48 p.m., the bottom electrical outlet under children's backpacks, and accessible to children in the hallway, failed to be covered. S2 covered during the licensing visit.

Corrective Action Plan: Effective 04/21/2022, S2 stated each morning, the "opener" will check each outlet to ensure all are covered and this deficiency is being met.