

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.: Office of Public Health Approval: Based on record review at 12:00pm, S1 failed to have documentation of a current annual inspection approval from the Office of Public Health. The date of the last approval was 12/10/2019. The center was inspected on 12/22/2020, and corrections were needed for return visit scheduled for 1/4/2021. S1 received email correspondence from the Office of Public Health on 4/6/2021 at 3:34pm that said for the license to be recommended the "swale" can't hold water and plans for the splash pad need to be approved.

Corrective Action Plan: Effective 5/10/2021, S1 stated she will complete and submit all work to the Office of Public Health for the re-inspection and license approval.

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.: Orientation Training: Based on record review at 10:30am, S1 lacked documentation that S10 and S35 received orientation within seven days of the first day present at the center and prior to having sole responsibility for any children, and S10 and S23 lacked documentation that they received the additional orientation within thirty days of date of hire. S35's date of hire was 4/26/2021, and the seven day orientation was needed by 5/2/2021. S23's date of hire was 3/22/2021, and the thirty day orientation was needed by 4/20/2021. S10's date of hire was 12/1/2020, and the seven day orientation was needed by 12/7/2020, and thirty day orientation was needed by 12/30/2020. Technical Assistance previously provided on 6/26/2020.

Corrective Action Plan: Effective 5/10/2021, S1 stated she will conduct and document the required trainings were completed timely with all newly hired staff, to ensure this deficiency is not recited.

1903.E.6.: Outdoor - Crawlspace

Not Met

1903.E.6.: Crawlspace and mechanical, electrical, or other hazardous equipment shall be made inaccessible to children.

Finding:

1903.E.6.: Outdoor - Crawlspace: Based on observation at 2:49pm, an outside crawlspace was observed under the wooden decking attached to building three. The lattice barrier was cracked and broken, exposing a 2 foot space leading to the underside of the building.

Corrective Action Plan: Effective 5/10/2021, S1 stated she will have maintenance replace the barrier covering by 5/15/2021 to ensure this deficiency is not recited. Until repaired, the children will not play on the play yard where the crawlspace is accessible.