Statement of Deficiencies

1507.E.: Daily Attendance Records - Visitors

1507.E.: A daily attendance record for all visitors to include the name, date of visit, arrival and departure times, and the purpose of the visit.

Finding:

1507.E. Based on interview(s)/record review at 12:11pm on 06/02/2021, the center's visitor's daily attendance record failed to accurately reflect when a visitor was on the child care premises as S2 stated a Child Welfare representative came to the center on 06/01/2021 to investigate the alleged allegation. There was no documentation that a Child Welfare representative was at the center on 06/01/2021.

Corrective Action Plan: Effective 06/04/2021, S2 stated a sign will be placed on the door and at the front window instructing each person that is not signed in as an employee will sign in on the appropriate sign in log, to ensure this deficiency is not re-cited.

1713.E.&F.: Supervision Participation

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:

1713. E. Based on observation/interview(s) at 12:37pm on 06/03/2021, while supervising five children, two and three years of age, S10 failed to devote her time to the supervision of the children, meeting the needs of the children, and in participation with the children in their activities. Specialist and S12 observed S10 sitting on the floor, while on her cellular phone, in the midst of five children, ages two and three-year-old, in her classroom. S10 put the phone away during the time S12 and the Specialist were in the classroom. S12 stated all staff knows that they should not be on their phones at any time they are in the classroom with children.

Corrective Action Plan: Effective 06/04/2021, S1 and S2 stated they will randomly walk in classrooms, especially during naptime, to ensure staff are following the no cell phone policy so that this deficiency is not re-cited.

1713.J.: Rest Time Supervision

1713.J.: 1. If two rooms share a common doorway, one staff member may supervise the resting children in both rooms. 2. If the view of the staff supervising the children is obstructed by an object such as a low shelving unit, children shall be checked by sight by staff circulating among the resting children.

Finding:

1713.J. Based on observations/interview(s) at 12:41pm on 06/03/2021, rest time supervision failed to be met as, Specialist and S12 walked into S11's classroom and observed S11 sitting behind a foam play barrier, while on a tablet "checking" her "email", with three children (ages one and two year-old) napping/resting near her. Specialist and S12 then turned and observed an 11-month-old child napping in a bouncer and a one-year-old child napping on a mat in a separated area that was not visible to S11 as she sat near the wall behind the foam play barrier. S11 did put the tablet down, got up, put the 11-month-old child in a crib and began circulating among the resting children.

Corrective Action Plan: Effective 06/04/2021, S1 and S2 stated they will randomly walk in classrooms, especially during naptime, to ensure staff are following all supervision procedures to ensure this deficiency is not re-cited.

1807.C.: CCCBC-Based Determinations of Eligibility for Visitors and Contractors

1807.C.: C. An early learning center shall obtain a CCCBC-based determination of eligibility for child care purposes from the department for each visitor or independent contractor of any kind, and shall have documentation of said determination available at all times for inspection upon request by the licensing division, unless the visitor or independent contractor, other than therapeutic professionals as defined in §103, will be accompanied at all times while at the center when children are present, by an adult staff member who is not being counted in child-to-staff ratios. The center shall have documentation of said determination of eligibility, or documentation of the accompanying staff member, available at all times for inspection upon request by the Licensing Division.

Finding:

1807.C. Based on record review/interview(s) at 12:23pm on 06/02/2021, a CCCBC-based determination of eligibility for child care purposes from the department failed to be obtained for O1, O2 and O3 prior to being present at the center or performing services. S1 failed to have documentation of the paid, adult staff member not otherwise counted in child to staff ratios who accompanied O1 and O2 at all times while on the center premises. Documentation Indicated O1 was on premises on the following dates: 04/08/2021, 04/22/2021, 04/29/2021, 05/04/2021, 05/11/2021, 05/13/2021 and 05/27/2021. O2 was on premises on the following dates: 04/14/2021, 04/26/2021, 04/28/2021 and 05/26/2021. O3 was on premises on 04/14/2021 04/28/2021.

Not Met

Not Met

Not Met

Not Met

Statement of Deficiencies

Corrective Action Plan: Effective 06/03/2021, S1 and S2 stated that S4 will check each visitor and contractor that comes into the center to ensure they are on the center's on-line roster to ensure that person's eligibility and to ensure this deficiency is not re-cited.

1915.A.: Health Services - Observation

1915.A.: Observation. Upon arrival at the center, the physical condition of each child shall be observed for possible signs of illness, infections, bruises or injuries, and when something is observed, it shall be documented and such documentation shall include an explanation from the parent or child.

Finding:

1915.A. Based on record review/interview(s) at 12:51pm on 06/02/2021, the following observations failed to have an explanation of when something was observed:

- 05/24/2021, C1 was observed to have a hickey on his forehead
- 05/04/2021, C1 was observed to have multiple marks on his face
- 04/09/2021, C1 was observed to have a scratch on his cheek, under his chin and on his chest
- 05/11/2021, C1 was observed to have scratch on his forehead and cheek

Corrective Action Plan: Effective 06/04/2021, S1 and S2 staff will document an explanation of what happened and "support staff" will randomly check these documents to ensure staff are completing all required information and to ensure this deficiency is not re-cited.

1915.B.&C.: Health Services - Parental Notification

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/interview(s) at 2:47pm on 06/02/2021, S14 failed to have documentation of immediate notification to the parent when a child showed her blood on his mask after he hit his mouth trying to open a trash can. The incident occurred at 2:24pm on 05/18/2021. There failed to be a time of when the parent was notified.

Corrective Action Plan: Effective 06/04/2021, S1 and S2 staff will document an explanation of what happened and "support staff" will randomly check these documents to ensure staff are completing all required information and to ensure this deficiency is not re-cited.

1917.A.: Medication Authorization

1917.A.: Written Authorization. No medication or special medical procedure shall be administered to a child unless authorized in writing by the parent. Such authorization shall include:

- 1. name of child;
- 2. drug name and strength;
- 3. date(s) to be administered;

4. directions for use, including the route (oral, topical), dosage, frequency, time and schedule and special instructions, if any. It is not acceptable to note "as indicated on bottle"; and

5. signature of parent and date of signature.

Finding:

1917.A. Based on record review/interview(s) at 2:08pm on 06/02/2021, S1 failed to obtain written authorization from the parent to administer medication

Not Met

Not Met

Not Met

Statement of Deficiencies

to C3, (age 5 years-old). The written authorization from the parent to administer Novolog to C3 was incomplete as it lacked the following information: name of medication, date(s) to be administered, directions for use route (oral, topical, dosage, frequency, time and schedule to be administered, special instructions, signature of parent and date of signature.

Corrective Action Plan: Effective 06/04/2021, S1 and S2 stated that they will inform the department of Kingsley House that handles all medical for current students to revise the medical authorization form to include all necessary information on the form to ensure this deficiency is not re-cited.

1917.H.: Medication Administration Records

1917.H.: Records. Medication administration records shall be maintained for all children regardless of who administers the medication. Records shall include the following:

1. name of the child and medication name and dosage administered;

- 2. date and time medication administered;
- 3. documentation of telephone contact with parent prior to giving "as needed" medication;
- 4. signature of person administering medication or witnessing the child administering own medication;
- 5. signature of person completing the form; and

6. when a parent administers medication to his/her own child on center premises, the medication administration record shall be documented by either the parent or a staff member.

Finding:

1917.H. Based on record review/interview(s) at 2:08pm on 06/02/2021, the medication administration records reviewed were incomplete as the following information failed to be included: dosage administered and time, signature of person administering medication. S2 stated C3 (age 5 years-old) is to be given Novolog three times a day.

- The dosage administered failed to be documented on the following days: 05/20/2021, 05/24/2021 (pm dosage), 05/25/2021 (pm dosage), 05/27/2021, 06/01/2021 and 06/02/2021

- The time of the dosage administered failed to be documented on the following days: 05/20/2021, 05/24/2021, 05/25/2021, 06/01/2021 and 06/02/2021

05/27/2021, 06/01/2021 and 06/02/2021.

Corrective Action Plan: Effective 06/04/2021, S1 and S2 stated they will inform the department of Kingsley House that handles all medical for the students that a new form needs to be created in order to have staff correctly document the dosage administered and the signature of the person administering the medication. Staff will also be re-trained on how to complete a medication administration log when medicine is given to a child to ensure this deficiency is not re-cited.

Not Met