

Statement of Deficiencies

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

Not Met

713.A: Current approvals by the Office of Public Health, Office of State Fire Marshal, City Fire (if applicable) and the Licensing Division shall be required before the expiration of an existing license.

Finding:

713.A Based on record review: The Provider lacked documentation of a current annual inspection and approval from State Fire Marshal. The date of the last approval is 7/1/2015.

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/interview(s):

The Provider did not maintain documentation of a daily attendance record for Staff and Owners, to include the time of arrival and departure.

-S6, the facility owner/director, failed to have documentation of when she is present in the center.

1707-A.1&2: Required Staffing - Director/ Director Designee

Not Met

1707-A.1&2: Each center shall have a qualified director or qualified director designee.

1. The director or director designee shall be an on-site, full-time staff person at the center during the day time hours of operation (prior to 9:00 p.m.).
2. The director or director designee shall be responsible for planning, managing, and controlling the center's daily activities, as well as responding to parental concerns and ensuring that minimum licensing requirements are met.

Finding:

1707-A. 1&2: Based on record review: The Provider did not have a qualified Director who is an on-site full time staff person at the center during the day time hours of operation (prior to 9:00 p.m.) and responsible for planning, managing, and controlling the center's daily activities, as well as responding to parental concerns and ensuring that minimum licensing requirements are met.

-S6, facility director, failed to have documentation of her presence in the center so it could not be determined if she was an on-site, full time staff person at the center.

1715-A.5: State Central Registry

Not Met

1715-A.5: Personnel files for each staff member shall be maintained at the center and shall include the following:

documentation of a current, completed state central registry disclosure form indicating no justified (valid) finding of abuse or neglect by the DCFS, or a current determination from the DCFS indicating that the individual does not pose a risk to children.

Finding:

1715-A.5 Based on record review:

Provider failed to have documentation of a completed state central registry disclosure form (SCR 1) prior to an individual being present in or providing services to the center on site and available for review at the center(1705.A). S9 was hired on 4/25/17 and completed the form on 5/22/17. Staff was on the premises on 5/1/17, 5/2/17, 5/3/17, 5/4/17, 5/8/17, 5/9/17, 5/10/17, 5/11/17, 5/12/17, 5/15/17, 5/16/17 and 5/22/17 as verified by staff attendance logs.

1725-A.-E.: Medication Management Training

Not Met

1725-A.-E.:

- A. Beginning July 1, 2016 - All staff members who administer medication shall have medication administration training.
- B. Whether administering medication or not, each early learning center shall have at least two staff members trained in medication administration.
- C. Such training shall be completed every two years with an approved Child Care Health Consultant.
- D. A licensed practical nurse (LPN) or registered nurse (RN) with a valid nursing license shall be considered to have medication administration training.

Finding:

1725-A.-E. Based on record review/interview(s): After July 1, 2016, the provider did not have at least two staff members trained in medication administration whether the early learning center administers medication or not.

Statement of Deficiencies

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:

The Provider did not document that the entire center and play yard is checked after the last child departs to ensure that no child is left unattended at the center.

-The facility failed to have documentation that a visual check of the center and play yard was conducted from January 2017-April 2017.
