

Statement of Deficiencies

1501.A.: Operations

Not Met

1501.A.: A center shall operate within the licensed capacity, age range, hours of operation and other specific services designated on its license.

Finding:

1501.A. Based on observations at 1:35pm, the provider failed to notify The Department prior to making changes that had an effect on the license as the provider previously operated from August to May, and now they operate from January to December. S2 stated she and S1 were not aware they needed to report that they offered a Summer program during June - July, as the program has been operating for a long time. S2 was informed that she needed to inform The Department that they operate a Summer camp by close of business 6/22/2021. S2 stated she would send a change request to the Licensing Consultant by close of business 6/22/2021 to request the change.

Corrective Action Plan: Effective 6/22/2021, S2 stated she will discuss with S1 to explain that the center must operate within the licensed capacity, age range, hours of operation, and months that are written on the center's license to ensure they are not cited this deficiency again.

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 at 1:45pm, the provider failed to have documentation of 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 for staff: S3, S7, S9, S13, S15, and S21. S2 stated they only work during the center's Summer program, and that she and S1 weren't aware they needed staff records for the Summer program staff.

Corrective Action Plan: Effective 6/22/2021, S2 stated she will make a new hire packet, that includes a personnel file, for all new staff who work with the licensed child care center. S2 stated S1 will obtain this information for all new staff to ensure they are not recited this deficiency.

1715.A.2.: Photo Identification

Not Met

1715.A.2.: Personnel files for each staff member shall be maintained at the center and shall include the following:

2. copy of a state or federal government issued photo identification;

Finding:

1715.A.2. Based on record review at 1:45pm, the provider failed to have a copy of S3, S7, S9, S13, S15, and S21's state or federal government issued photo identification available for review. S2 stated they only work during the center's Summer program, and that she and S1 weren't aware they needed staff records for the Summer program staff. S2 stated she will obtain all staff identification as soon as possible.

Corrective Action Plan: Effective 6/22/2021, S2 stated she will make a new hire packet that includes requesting a copy of the photo identification to have on file at all times to prevent being recited this deficiency.

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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. Based on record review at 1:45pm, the provider failed to have documentation that 6 of 21 staff, S3, S7, S9, S13, S15, and S21 received orientation within seven days of the first day present at the center and prior to having sole responsibility for any children. S2 stated the staff started working on 6/7/2021. S2 stated they only work during the center's Summer program, and that she and S1 weren't aware they needed staff records for the Summer program staff.

Corrective Action Plan: Effective 6/22/2021, S2 stated she will set up a new hire orientation training, and prepare the documents ahead of the training to make sure it is completed so they are not cited this deficiency again.

1721.A.-C.: Continuing Education Training

Not Met

1721.A.-C.: A. Early learning centers shall provide opportunities for continuing education of staff members who are left alone with children, or who have supervisory or disciplinary authority over children.

1. Staff members of early learning centers, excluding foster grandparents, shall obtain a minimum of 12 clock hours of continuing education per center anniversary year.

B. Staff members of type I, type II and type III centers who are neither left alone with children, nor have supervisory or disciplinary authority over children, shall obtain a minimum of three clock hours of continuing education in job related topics per center's anniversary year.

C. Continuing education for all types of centers shall be conducted by trainers approved by the department. The department shall keep a registry of approved trainers.

Finding:

1721.A.-C. Based on record review at 1:45pm, the provider failed to have documentation that the center staff of an early learning center, excluding Foster Grandparents, obtained a minimum of 12 clock hours of training annually in the topics found in §1719(A) and (B). 4 of 23 staff, S10, S12, S22, and S23, did not have the required continuing education training. S2 stated the staff work as substitutes, and do not work often enough to obtain the minimum 12 clock hours.

Corrective Action Plan: Effective 6/22/2021, S2 stated she will have seasonal staff complete the required 12 continuing education hours annually, or will terminate then rehire seasonal staff to prevent being cited this deficiency again.

1807.B.: CCCBC-Based Determinations of Eligibility for Volunteers and Staff

Not Met

1807.B.: B. Volunteers and Staff. An early learning center shall obtain a CCCBC-based determination of eligibility for child care purposes from the department for each volunteer, staff member, or employee of any kind, and shall have documentation of said determination available at all times for inspection upon request by the Licensing Division.

Finding:

1807.B. Based on record review/observations at 1:37pm, S2 failed to obtain a CCCBC-based determination of eligibility for child care purposes from the department for staff members, S3, S7, S9, and S15, prior to the staff being present at the center or performing services. S3, S7, S9, and S15's date of hire is 6/7/2021. The Specialist observed the staff supervising children in a classroom, however there was no CCCBC on file. S2 stated she and S1 weren't aware they needed to obtain a CCCBC for staff that only work during the Summer program. The Specialist observed S3 and S7 leave the premises at 3:15pm, and S9 and S15 leave at 3:19pm. S2 was informed that staff must have a CCCBC-based determination of eligibility prior to returning to work at the center.

Corrective Action Plan: Effective 6/22/2021, S2 stated they will be sure an eligible CCCBC is obtained, during the new hire process, for all staff prior to them working at the child care center, to prevent being cited this deficiency again.

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 at 2:03pm, the provider failed to 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. S2 stated a visual check was conducted between 6/7/2021 - 6/21/2021, however there is no documentation. S2 stated the center reopened on 6/7/2021. S2 stated they did not document it because they didn't know they needed to during the Summer program. S2 stated she will be sure to begin documenting the visual check starting today.

Corrective Action Plan: Effective 6/22/2021, S2 stated she will remember to make sure a visual check is conducted every day a child is present at the center, including the Summer program, to prevent being recited the deficiency.
