

## Statement of Deficiencies

### 1507.A.: Daily Attendance Records - Children

Not Met

1507.A.: A daily attendance record for children shall be maintained that shall:

1. include the child's first and last name, arrival and departure times, and first and last name of person or entity to whom the child is released;
2. accurately reflect children on the center premises at any given time; and
3. be used to sign in and out if a child leaves and returns to the center during the day.

#### Finding:

1507.A. Based on record review at 9:35 a.m., the center's daily attendance record for children failed to accurately reflect the children on the child care premises at any given time as 43 children were present and 42 children were signed in on the log. This was corrected prior to Specialist exiting the center.

CORRECTIVE ACTION PLAN: Effective 6/28/2022, S1 will do a headcount of the children and check the daily attendance log during morning prayer time in the hallway at 8:30 a.m. each morning to ensure compliance with this regulation.

### 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 DCFCS 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:

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1719.A.-C. Based on record review at 12:04 p.m., S16 ( DOH 2/7/2022) failed to complete the Mandated Reporter Training within seven calendar days of the first day present at the center and prior to assuming sole responsibility for any children. S16 also failed to complete LDE Key Orientation Training Module 3 within thirty calendar days of the first day present at the center, and prior to assuming sole responsibility for any children. S16 has not completed either training as of today.

CORRECTIVE ACTION PLAN: Effective 6/28/2022, S1 will have all new staff complete LDE Key Orientation Training Modules 1, 2, 3 and Mandated Reporter Training on their two day present at the center to ensure compliance with the regulation.

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### 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:

1723.A.&B.: Based on record review at 12:10 p.m., S1 failed to have documentation that all staff on the premises and accessible to the children have current certification in infant, child, and adult CPR through training approved by the department. 4 of 16 staff failed to have documentation of this certification.

CORRECTIVE ACTION PLAN: Effective 6/28/2022, S1 will review CPR and First Aid Certifications quarterly to ensure that all staff have a current certification from a training approved by the department. S1 will schedule all new staff for the training within one week of their date of hire to ensure compliance with this regulation.

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### 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:

1723.C. Based on record review at 12:10 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. 4 of 16 staff failed to have documentation of this certification.

CORRECTIVE ACTION PLAN: Effective 6/28/2022, S1 will review CPR and First Aid Certifications quarterly to ensure that all staff have a current certification from a training approved by the department. S1 will schedule all new staff for the training within one week of their date of hire to ensure compliance with this regulation.

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### 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:

1725.A.-D. Based on record review at 10:15 a.m., S1 failed to have at least two staff members trained in medication administration whether the early learning center administers medication or not. S1 is the only staff member with a current Medication Administration Training.

CORRECTIVE ACTION PLAN: Effective 6/28/2022, S1 will create a training folder to list all current certification dates for Medication Administration. She will review the folder every six months to ensure compliance with this regulation.

## Statement of Deficiencies

### 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 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:

1901.J.&K.: J. Based on observation at 9:40 a.m., Specialist observed a container of bleach and a bottle of floor cleaner on the bottom shelf in an unlocked cabinet and accessible to 6 children, ages 3 and 4-years-old, in S5's classroom. This was corrected prior to the Specialist exiting the classroom.

CORRECTIVE ACTION PLAN: Effective 6/28/2022, S1 or S9 will complete a walk through of each classroom when completing the End of Day check to make sure all cabinets are locked and no items that can be harmful to children are left out to ensure compliance with this regulation.

### 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 9:30 a.m., the indoor area was not free of hazards. Specialist observed two electrical outlets without safety plugs accessible to 9 children, ages 4 and 5-years-old, in S15's classroom. This was corrected prior to the Specialist exiting the center.

CORRECTIVE ACTION PLAN: Effective 6/28/2022, S1 or S9 will complete a walk through of each classroom when completing the End of Day check to make sure all outlets have safety plugs to ensure compliance with this regulation.

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

Not Met

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.C. Based on record review at 11:28 a.m., S1 failed to have documentation of immediate notification to the parent when the following incidents occurred to C1: On 5/31/2022 at 10:43 a.m., C1 was playing with a friend and her nose was scratched when her friend grabbed the ball. C1's parent was notified via text message at 12:18 p.m. On 5/5/2022 at 9:34 a.m., C1 was hit on the right side of her face with a toy by another child which left a red mark. C1's parent was notified in person at 4:10 p.m. S1 failed to have documentation of immediate notification to the parent when the following incident occurred to C2: On 6/6/2022 at 3:00 p.m., C2 fell in the hall way and "busted his chin". An attempt to reach C2's parent by phone was made at 3:50 p.m. and 3:51 p.m. C2's parent was notified at pickup at 4:26 p.m.

CORRECTIVE ACTION PLAN: Effective 6/28/2022, S1 will re-train all staff by 07/01/2022 on parental immediate notification to ensure compliance with this regulation.