

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 observation/record review on 7/13/2023, at 12:30 p.m., the center's daily attendance record for children failed to accurately reflect the children on the child care premises at any given time.

- 7/13/2023 - 39 children were present and 33 children were signed in on the log.
- 7/7/2023 - There were no arrival/departure times and first and last name or entity to whom children were released to. Specialist verified the childcare center was open and operating on this day.
- 7/3/2023 to 7/12/2023 - Logs were missing the time of arrival, twenty-seven times, the time of departure, 50 times, and the first and last name of person or entity to whom children were release to, 50 times.

Based on observation/record review on 7/28/2023, at 11 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.

- 7/28/2023 - 36 children were present and 18 children were signed in on the log. S12 corrected.

Corrective Action Plan: Effective 7/28/2023, S12 stated all opening staff are responsible for documenting children at arrival. Once additional staff arrive and transition to classroom, they will take attendance log and review for accuracy. Staff will be given a parent roster with names to document first and last name on the log. The closing staff will be responsible for placing attendance record on front desk at the end of the day and preparing the attendance clipboards for the following day, to ensure compliance with this regulation.

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 observation/record review/interview on 7/13/2023, at 12:30 p.m., the center's staff and owner's daily attendance record failed to accurately reflect persons on the child care premises at any given time.

- 7/13/2023 - S12, S17, and S18 were present and not signed in on the attendance record.
- 7/12/2023 - S12 and S14 failed to document their attendance.
- 7/10/2023 - S12, S14, S15, S19, and S20 failed to document their attendance.
- 7/6/2023 and 7/7/2023 - S19 and S20 failed to document their attendance.

Based on observation/record review/interview on 7/28/2023 at 11 a.m., the center's staff and owners' daily attendance record failed to accurately reflect persons on the childcare premises at any given time.

- 7/28/2023 - S21 and S25 were present and not signed in on the attendance record. Staff corrected.
- 7/27/2023 - S24 failed to sign out on the attendance record and S25 failed to sign in and out of the attendance record.
- 7/25/2023 - S26 failed to sign out on the attendance record.
- 7/24/2023 - S21 failed to sign out on the attendance record.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will print the staff attendance log from the Licensed Center's Library for all temporary/helper staff to document attendance. S12 will conduct a daily review of the record by 8:30 a.m. The Assistant Director/Staff-in-Charge will conduct a daily review of the record prior to the end-of-day check, to ensure compliance with this regulation.

1507.E.: Daily Attendance Records - Visitors

Not Met

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.

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Finding:

1507.E.: Based on observation/record review on 7/13/2023, at 12:30 p.m., the center's visitor's daily attendance record failed to accurately reflect when a visitor was on the child care premises as O1 was present in the infant classroom with S12 and not signed in on the visitor log. O1 corrected.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will review this regulation with all staff during the next staff meeting to be held on 8/5/2023. S12 will remind all visitors to sign in and out and will check the record at their departure, to ensure compliance with this regulation.

1515.A.1.: Child Records and Cumulative Files

Not Met

1515.A.1.: A cumulative file shall be maintained on each child that shall include the following records:

1. An information form signed and dated by the parent and updated as changes occur, that contains:
 - a. name of child, date of birth, sex, date of admission;
 - b. name of parents and the home address of both child and parents;
 - c. phone numbers where parents may be reached while child is in care;
 - d. name and phone number of person to contact in an emergency if parents cannot be located promptly;
 - e. any special concerns, including but not limited to allergies, chronic illnesses, and any special needs of the child, if applicable;
 - f. any special dietary needs, restrictions or food allergies or intolerances, if applicable. See Paragraph 4;

Finding:

1515.A.1.f.: Based on record review on 7/13/2023, at 2 p.m., the cumulative file for 8 (C1, C2, C14, C15, C16, C18, C19, and C20) of 8 children failed to include the date of admission. 3 (C16, C17, and C18) of 5 children's cumulative files failed to include special dietary needs, restrictions or food allergies or intolerances. C18, two-years-old, and C17, one-year-old, are served water, and C16, two-years-old, is served Lactaid, instead of milk, and there is no written statement in file.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will have the parents update the children's information/enrollment form in the children's cumulative files to include their food allergies, no later than 8/4/2023, to ensure compliance with this regulation.

1515.A.4.: Special Diets

Not Met

1515.A.4.: Special Diets

- a. Unless the program is officially on the Child and Adult Care Food Program (CACFP), a parent may request special diet adjustments (i.e. no milk on a particular day).
- b. If a center is on the CACFP, a written statement from a health care provider is required when the child requires a special diet for medical reasons.
- c. A written statement from the parent is required when the child requires a modified diet.

Finding:

1515.A.4.: Based on record review on 7/13/2023, at 2 p.m., there failed to be a written statement from a healthcare provider for 4 of 5 children who require a special diet for medical reasons. C1, C16, and C18, two-years-old, and C17, one-year-old, all are served water or milk alternative with no statement from a healthcare provider.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will contact the parents to request medical authorizations for food substitutions and will place in the children's cumulative files, to ensure compliance with this regulation.

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1711.A.&B.&D.&G.: Child to Staff Ratio

Not Met

- 1711.A.&B.&D.&G.: A. Child to staff ratios are established to ensure the safety of all children.
- B. Minimum child to staff ratios shall be met at all times.
1. There shall be a minimum of two staff members present at an early learning center when more than four children are present.
 2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
 3. The department's form noting required child-to-staff ratios shall be posted in each room included in the center's licensed capacity.
 4. Minimum child-to-staff ratios for type II and type III centers are as follows.

Ages of Children	Ratio
Infants under 1 year	5:1
1 year	7:1
2 years	10:1
3 years	13:1
4 years	15:1
5 years	19:1
6 years and up	23:1

- G. Mixed Age Groups Minimum Child to Staff Ratios
1. An average of the child to staff ratios may be applied to mixed age groups of children ages two, three, four and five.
 2. Child to staff ratios for children under age two are excluded from averaging.
 3. When a mixed age group includes children younger than age two, the age of the youngest child determines the child to staff ratio for the group.
 4. An average may be applied to a mixed age group consisting only of children ages five and older.

Finding:

1711.A.&B.&D.&G.: Based on interview(s) on 7/18/2023, at 5:08 p.m., staff stated from March to July 2023, the required child to staff ratio for children failed to be met daily for the following ages: 6, infants, with 1 staff, 14, one-year-old children with one staff, and 24, three-to-ten-year-old children with one staff. The required ratio for children of this age is 5 infants per 1 staff, 7, one-year-old children per 1 staff, and 19, three-to-ten-year-old children per 1 staff. One additional staff person was needed with each group of children to meet child to staff ratio. Staff stated they reported to Staff with "Home Office" that they were unable to meet child to staff ratio and were informed they were, "working on it."

Corrective Action Plan: Effective 7/28/2023, S12 stated she has hired 4 new staff and are scheduled to begin working. S12 stated she conducts child to staff of child ratio checks of classrooms consistently throughout the day to ensure ratio is met, to ensure compliance with this regulation.

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.&3.: Based on observation/record review/interview on 7/13/2023, at 12:30 p.m., there failed to be a personnel file available for review that included the following:

- 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 S16, S17, S18, S19, and S20.
- Training, work experience, and educational background for S12 and S21.
- Documentation of termination or resignation of employment, the last date of employment, and reason for leaving for S3, S4, S5, S11, S19, and S20.

Based on observation/record review/interview on 7/28/2023, at 12:30 p.m., there failed to be a personnel file available for review that included the following:

- 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 S25.

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· Training, work experience, educational background, hire date, and first day on-site working with children for S26.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will she print and document a Staff Information form for all staff folders. S12 will create and follow a checklist with documents to be included in staff folders, to ensure compliance with this regulation.

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 on 7/13/2023, at 12:30 p.m., there failed to be a copy of a state or federal government issued photo identification available for review for S14, S16, S17, S18, S19, and S20.

Based on record review on 7/28/2023, at 12:45 p.m., there failed to be a copy of a state or federal government issued photo identification available for review for S24 and S26.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will create and follow a checklist of documents to be included in all staff files, to ensure compliance with this regulation.

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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 DCFS 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:

1719.A.-C.: Based on record review/interview on 7/13/2023, at 3 p.m., there failed to be documentation of the following:

- An orientation form, DCFS Mandated Reporter Training, and LDE Key Training Modules 1-3 for S20. Staff stated S20's first day working in the childcare center was 7/5/2023 and she provided sole responsibility for children in the two-year-old classroom on 7/10/2023.

Based on observation/record review on 7/28/2023 at 12:45 p.m., there failed to be documentation of the following:

- An orientation form, DCFS Mandated Reporter Training and LDE Key Training Module 1 for S21 within 7 calendar days of first day present on 7/5/2023.
- An orientation form, DCFS Mandated Reporter Training for S24 within 7 calendar days of first day present on 7/17/2023.
- An orientation form, DCFS Mandated Reporter Training and LDE Key Training Modules 1-3 for S23 prior to providing sole responsibility for 5 infants. S23's first day present at the childcare center was 7/17/2023.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will have staff complete all orientation training requirements on their first day working in the childcare center and prior to entering the classroom, to ensure compliance with this regulation.

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1723.F: CPR/Pediatric First Aid within 60 days

Not Met

1723.F: Within 60 calendar days from the date of hire and prior to assuming sole responsibility for any children, each staff member shall have current certification in pediatric first aid and CPR. During this period, caregivers and teachers who provide direct care for children must be supervised until training is completed.

Finding:

1723.F.: Based on interview/record review on 7/18/2023, at 4 p.m., staff stated S20 was hired and began working in the childcare center on 7/5/2023. On 7/10/2023, S20 provided sole responsibility for children in the two-year-old classroom and has no documentation of a current certification in pediatric first aid and CPR.

Based on observation/record review on 7/28/2023, at 11 a.m., there failed to be documentation of a current certification in pediatric first aid and CPR for S23 prior to assuming sole responsibility for 5 infants.

Corrective Action Plan: Effective 7/28/2023, S12 stated all staff will be scheduled to complete the trainings within their first thirty days of hire and prior to assuming sole responsibility, to ensure compliance with this regulation.

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 observations/record review on 7/28/2023 at 11 a.m., the early learning center failed to 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.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will request a duplicate copy of her certificate. Additional staff will be scheduled to complete training, no later than 8/28/2023, to ensure compliance with this regulation.

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 on 7/13/2023, at 12:30 p.m., there failed to be documentation the entire center and play yard were checked after the last child departed to ensure no child was left at the center. The end of day check failed to include the time of visual check and signature of the staff conducting the visual check on 7/3/2023, and 7/5/2023-7/10/2023.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will properly train staff to document appropriately and a review will be completed the following morning to ensure documentation is complete, to ensure compliance with this regulation.

1909.D.: Infants - Car Seats

Not Met

1909.D.: Written authorization from a physician is required for a child to sleep in a car seat or other similar device and shall include the amount of time that the child is allowed to remain in said device.

Finding:

1909.D.: Based on observation on 7/13/2023, at 12:30 p.m., S12 and S13 failed to obtain written authorization from a physician as required for an infant to sleep in a car seat or other similar device. Specialist observed C15, Infant, asleep in a bouncy chair on the floor. S12 stated staff spoke with the parent to provide a physician authorization, but is uncertain it was received.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will review this regulation with all staff working in the infant classroom. As soon as an infant falls asleep, they will be placed on their backs in their cribs for sleeping. S12 will request and obtain a physician authorization for infants to sleep in bouncers or other similar devices, to ensure compliance with this regulation.

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1911.E.: Daily Reports for Infants

Not Met

1911.E.: Daily Reports for Infants. Written or electronic reports that include the liquid intake, food intake, disposition, bowel movements and eating and sleeping patterns shall be given to the parents of infants on a daily basis. Reports shall be kept current throughout the day.

Finding:

1911.E.: Based on record review on 7/13/2023 at 12:30 p.m., S12 and S13 failed to provide daily written or electronic reports, kept current throughout the day, for 4 of 4 infants. The written daily infant reports, dated 7/11/2023, for four infants were observed in the infant classroom and failed to be provided to the parents daily.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will review this regulation with all staff who work in the infant classroom. She will conduct daily reviews to ensure documentation is kept current throughout the day, to ensure compliance with this regulation.

1911.K.: Hand Washing

Not Met

1911.K.: Staff and children shall wash their hands using soap at least at the following times: upon arrival at the center, before preparing or serving meals, before giving medication, after playing in water used by more than one person, after toileting, after helping a child use a toilet or changing diapers, after wiping noses or cleaning wounds, after handling pets and other animals, after playing in sandboxes, before eating meals or snacks, upon coming in from outdoors, after cleaning or handling garbage and anytime hands become soiled with body fluids, such as urine, saliva, blood or nasal discharge.

Finding:

1911.K.: Based on observation on 7/13/2023, at 2:45 p.m., staff failed to wash their hands using soap as needed. S17 changed a child's diaper and failed to wash hands with soap. Staff corrected.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will review this regulation with all staff at the next staff meeting to be held on 8/5/2023, to ensure compliance with this regulation.

1917.B.: Medication Authorization - Required Container/Packaging

Not Met

1917.B.: Required Container/Packaging

1. For prescription medication to be administered at the center, the center shall maintain the original pharmacy container with the complete pharmacy label.
2. For non-prescription medication to be administered, the center shall maintain the original bottle packing for the medicine or a printed document from the manufacturer's website, which shall include the drug name and strength and clear directions for use.

Finding:

1917.B. Based on record review on 7/13/2023, at 1:30 p.m., C1's prescribed Epinephrine single-dose syringe to be administered at the center for onset of anaphylaxis was not in the original pharmacy container with the complete pharmacy label.

Corrective Action Plan: Effective 7/28/2023, S12 stated all prescription medication will not be received or accepted unless it is in the original pharmacy label, to ensure compliance with this regulation.

1919.H.: Infants Held While Bottle Fed

Not Met

1919.H.: Infants that cannot hold a bottle shall be held while being bottle-fed. A child shall not be placed lying down on a mat or otherwise with a bottle, sippy cup, etc. A bottle shall not be propped at any time.

Finding:

1919.H.: Based on observation on 7/13/2023, at 12:30 p.m., S12 failed to hold, C14, Infant, while being bottle-fed. C14 was seated in a bouncy chair on the floor and the bottle was propped on a blanket. C14 was unable to hold the bottle with both hands.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will review this regulation with all staff at the next staff meeting to be held on 8/5/2023, to ensure compliance with this regulation.

1921.E.: Tornado Drills

Not Met

1921.E.: Tornado drills shall be conducted at least once per month in the months of March, April, May, and June at various times of the day necessary to include all children and shall be documented.

Finding:

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1921.E.: Based on record review on 7/13/2023, at 2:30 p.m., there failed to be documentation of tornado drills conducted at least once during the month of May and June 2023.

Corrective Action Plan: Effective 7/28/2023, S12 stated she will schedule calendar reminders and print for all staff binders, to ensure compliance with this regulation.
