

Statement of Deficiencies

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 observations/record review/interview:

The center's staff and owner's daily attendance record failed to accurately reflect persons on the child care premises at any given time. Upon Specialist arrival, S1, S2, S3 and S4 were on premises. S1, S3 and S4 were not signed in on the staff daily attendance log.

Corrective Action Plan: S5 stated the attendance log "may need to be" visible so that staff will not forget to sign in and out of the center. This will be put into effect on today, 07/21/2020 to ensure the deficiency is not re-cited.

1713.A.&B.&C.: Supervision

Not Met

1713.A.&B.&C.: A: Children shall be supervised at all times in the center, on the playground, on field trips, on non-vehicular excursions, and during all water activities and water play activities.

B: Children shall not be left alone in any room, (except the restroom as indicated in Subsection G of this Section or when being provided services by therapeutic professionals, as defined in §103), outdoors, or in vehicles, even momentarily, without staff present.

C: A staff person shall be assigned to supervise specific children whose names and whereabouts that staff person shall know and with whom the staff person shall be physically present. Staff shall be able to state how many children are in their care at all times.

Finding:

1713 A. & B. Based on observation/interview: Children were not under supervision at all times. During the walk through of the center to gather the child census, Specialist observed two 2-year-old children in a room alone. S4 stated she was the teacher for the two children she had sent them to the classroom (because they had already "been changed") as she finished changing the remaining three children in S3's classroom restroom. Although the three back classrooms have half walls connecting them, neither S3 nor S4 could see the two children that were in the classroom alone due to another classroom, containing six children (ages five and six years of age) being in the middle of S3 and S4's classrooms.

Corrective Action Plan: S5 stated when the two-year-old staff is changing children in the one-year-old classroom's restroom, no child will be sent to another room alone "because they have already been changed". This will take effect immediately, 07/21/2020 to ensure this deficiency is not re-cited.

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 & B Based on record review/interview: S4 lacked documentation that receiving orientation within seven days and additional orientation within thirty days of the first day present at the center, upon re-hire, and prior to having sole responsibility for any children.

Corrective Action Plan: S5 stated, effective immediately, she will make a not to complete orientation of staff, even if they are a re-hire, within seven and 30 days of their hire, to ensure this deficiency is not re-cited.

Statement of Deficiencies

1723.A.&B.: CPR Certification

Not Met

1723.A.&B.: A. Infant and child CPR. Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in infant and child CPR through training approved by the department.

B. Adult CPR. Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in adult CPR through training approved by the department.

Finding:

1723.A & B. Based on record review/interview(s): S5 failed to have documentation that at least fifty percent (50%) of all staff on the premises and accessible to the children or at least four staff on the premises and accessible to children, whichever is less, have current certification in infant and child CPR through training approved by the department. Zero of four staff had documentation of this certification. S5 stated staff "took the certification class" in January 2020, but have not received documentation of the certification from the trainer.

Corrective Action Plan: S5 stated, effective immediately, she will follow-up with trainers for documentation to ensure this deficiency is not re-cited.

1723.C.: Pediatric First Aid

Not Met

1723.C.: Pediatric First Aid. Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in pediatric first aid through training approved by the department.

Finding:

1723.C. Based on record review/interview(s):

S5 failed to have documentation that at least fifty percent (50%) of all staff on the premises and accessible to the children or at least four staff on the premises and accessible to children, whichever is less, have current certification in Pediatric First Aid through training approved by the department. Zero of four staff had documentation of this certification. S5 stated staff "took the certification class" in January 2020, but have not received documentation of the certification from the trainer.

Corrective Action Plan: S5 stated, effective immediately, she will follow-up with trainers for documentation to ensure this deficiency is not re-cited.

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 observations/record review/interview(s): A CCCBC-based determination of eligibility for child care purposes from the department failed to be obtained for each S4 prior to S4 being present at the center working with children. S5 informed S4 that she must leave premises. Specialist observed S4 leave premises at 12:41pm. S5 stated she will complete a CCCBC on S4 tomorrow, 07/22/2020, upon her return to the center.

Corrective Action Plan: S5 stated, effective 07/22/2020, she will complete a CCCBC on all staff prior to their first day working with children to ensure the deficiency is not re-cited.

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/interview(s):

S5 failed to have documentation 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 on 07/13/2020, 07/14/2020, 07/15/2020, 07/16/2020, 07/17/2020 and 07/20/2020.

Corrective Action Plan: S1 stated, effective immediately, the last staff on premises will document the time the center was checked to ensure this deficiency is not re-cited.