

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, interview and record review at 10:00 AM on 8/12/2020, S1 and S5 utilized unlicensed space in the center as classroom space. Specialist observed 5 children, ages six through thirteen-years-old, in a room listed as an office on the center's floor plan. Specialist reviewed approvals from Health and the State Fire Marshall for this space; however, S1 and S5 both acknowledge not having received approval from the Department to use this space.

Corrective Action Plan: Effective 8/12/2020, S1 and S5 stated they will not use the unlicensed classrooms until approval is received from the Department to ensure this deficiency is not cited again.

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.B: Based on record review at 11:15 AM on 8/12/2020, S1 lacked documentation that 7 of 9 staff, S2, S4, S5, S3, S6, S8 and S9, received additional orientation within thirty days of date of hire. S1 also lacked documentation that 2 of 9 staff, S2 and S8, received orientation within seven days of date of hire. S8's hire date was 8/11/2020. Specialist observed S8 supervising a class of 5 children alone. S1 and S5 stated all staff received the required orientation; however, they did not realize they needed to sign off.

Corrective Action Plan: S1 and S5 stated they will complete a staff training and complete to ensure this deficiency is not cited again.

1725.A.-C.: Medication Management Training

Not Met

1725.A.-C.: 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 on the premises. 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.

Finding:

1725.A.-C. Based on interview(s) and record review at 11:30 AM on 8/12/2020, S1 and S5 failed to have documentation of any staff with current Medication Administration Training from a certified Child Care Consultant. S1 stated the center does not currently give medication.

Corrective Action Plan: Effective 8/12/2020, S1 stated this training have been scheduled for August 18, 2020, to ensure this deficiency is not cited again.