

Statement of Deficiencies

713.A.: Office of Public Health, State Fire, City Fire Approval

Not Met

713.A.: Annual licensing inspections by the department, current approvals by the Office of Public Health, Office of State Fire Marshal, and city fire (if applicable), and academic approval by the department (if type III center) shall be required before the expiration of an existing license. However, if a center has documentation establishing that the center requested an inspection by the Office of Public Health or the Office of State Fire Marshal prior to the expiration of the existing license, these approvals may be submitted to the department within 90 calendar days of the date of the license renewal.

Finding:

713.A. Based on record review at approximately 1:30 p.m., S1 failed to provide documentation of a current annual inspection and approval from State Fire Marshal. The date of the last approval for State Fire Marshal is 1/15/2021.

Corrective Action Plan: Effective 8/24/2022, S1 stated she will contact the Office of State Fire Marshal to have the new inspection report with clear deficiencies sent to her to ensure the regulation is met.

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.

Finding:

1507.E. Based on record review at approximately 12:10 p.m., S1 failed to ensure the visitor daily attendance log included an arrival time, departure time and the purpose of the visit. Specialist reviewed the visitor daily attendance records from 4/4/2022 through 5/28/2022 and 8/16/2022 through 8/23/2022 and verified that the arrival time was not documented 3 times, the departure time was not documented 49 times, and the purpose of the visit 53 times.

Corrective Action Plan: Effective 8/24/2022, S1 stated that she will make visitor passes that need to be returned to the office prior to leaving the campus. S1 stated she will also move the visitor sign in book into the office so when the visitor is buzzed in, they have to sign in with secretary prior to going into the building to ensure the regulation is met.

Statement of Deficiencies

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 observation/record review at approximately 11:00 a.m., S1 failed to provide documentation that 6 of 9 new hired staff, S2, S3, S5, S6, S11, S12, completed orientation requirements within seven and thirty days of the first day present at the center and/or prior to having sole responsibility for any children. S2's first day is 8/15/2022, S3's first day is 8/16/2022, S5's first day is 8/16/2022, S6's first day is 8/15/2022, S11's first day is 8/18/2022, and S12's first day is 8/15/2022.

Corrective Action Plan: Effective 8/24/2022, S13 stated prior to staff transferring from another center, a copy of their file will be given to the employee to be brought to the center. New employees will utilize a check list to ensure all requirements are met prior to having responsibility, to ensure the regulation is met.

Statement of Deficiencies

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/observation at approximately 2:00 p.m., S1 failed to have documentation that all staff on the premises and accessible to the children have current certification in infant and child CPR through training approved by the department.

Corrective Action Plan: Effective 8/24/22, S1 stated all staff will be receiving CPR certification training by the Head Start nurse once they have completed the classes to be an instructor, to ensure this regulation is met.

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/observation at approximately 2:00 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.

Corrective Action Plan: Effective 8/24/22, S1 stated all staff will be receiving Pediatric First Aid certification training by Head Start nurse once they have completed the classes to be an instructor, to ensure this regulation is met.

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/interview at approximately 1:45 p.m., A CCCBC-based determination of eligibility for child care purposes from the department was not obtained for each staff member, prior to the person being present at the center or performing services. S6's first day working in the center is documented as 8/15/2022 and the CCCBC is dated 8/17/2022. Daily attendance records show that S6 was signed into the center on 8/15/2022 and 8/16/2022. S11's first day working in the center is documented as 8/18/2022 and the CCCBC is dated 8/22/2022. Daily attendance records show that S11 was signed into the center on 8/18/2022 and 8/19/2022. S12's first day working in the center is documented as 8/18/2022 and the CCCBC is dated 8/22/2022. Daily attendance records show that S12 was signed into the center on 8/18/2022 and 8/19/2022. Children's first day in the center according to S1 was 8/16/2022.

Corrective Action Plan: Effective 8/24/2022, S1 stated she will make sure the CCCBC has been completed prior to having staff work in the center to ensure the regulation is met.

1901.P.: Staff Personal Belongings

Not Met

1901.P.: The personal belongings of center staff members shall be inaccessible to children.

Finding:

1901.P. Based on observations at approximately 11:00 a.m., the personal belongings of center staff members S2 and S3 was accessible to children. Specialist observed S2's purse, lunch bag and cell phone on a child size table in the middle of classroom and S3's book sack and cell phone near the teachers desk. Both S2 and S3's personal belongings were accessible to the thirteen 3-year-olds in the classroom. Staff put personal belongings in a closet and locked the door prior to Specialists leaving the classroom.

Corrective Action Plan: Effective 8/24/2022, S1 stated either S11 or herself will do a walk through at 9:00 a.m. daily to check if staff have personal belongings locked up or out of reach of children, and will document the walk through daily to ensure the regulation is met.