

Statement of Deficiencies

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 approximately 10:55 a.m., S1 failed to have at least two staff members trained in medication administration. Training is required every two years. S1 and S5's training expired on 6/20/2022. During the licensing visit, S1 scheduled a class for 10/03/2022.

Corrective Action Plan: Effective 9/13/2022, S1 stated she will schedule a class 60 days prior to the expiration date 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 at approximately 11:39 a.m., S1 failed to document that the entire center and play yard was checked after the last child departed to ensure that no child was left unattended at the center on the following dates: 9/1/2022 to 9/12/2022. During the licensing visit, S1 stated she was unable to locate the visual check documentation for September 2022.

Corrective Action Plan: Effective 9/13/2022, S1 stated she will place the clipboard on the wall to ensure compliance with this regulation.