

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:

NEW 1507.A. Based on record review: At approximately 10:35am, S1 failed to have a daily attendance record for children that accurately reflects the children on the child care premises at any given time as 20 children were present and 16 children were signed in on the log. S2 stated she didn't have a chance to check it this morning. Corrected during visit.

Corrective Action Plan: S2 stated she will cross reference the daily observations sheet with the children's attendance log every morning by 9:00am to make sure it is correct.

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:

NEW 1719.A. Based on record review: At approximately 11:20am, S1 failed to have documentation that S7 and S8 received orientation to the policies and practices of the center within seven calendar days of the first day present at the center. Based on staff sign in records, S7's first day present was 11/14/19, and S8's first day present was 11/25/19. S2 stated she thought orientation needed to be completed within a month.

Corrective Action Plan: S2 stated she will complete S7 and S8's orientation form to include the date of the orientation training completed within the 30 calendar days of date of hire. For other future new hires, S2 stated she will conduct orientation training within seven and thirty days of date of hire.

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:

NEW 1723.A. Based on record review: At approximately 11:23am, S1 failed to have at least fifty percent or at least four staff on the premises and accessible to children, whichever is less, that have current certification in infant and child CPR training approved by the department. S2 stated she thought S7 had CPR, however the training is not approved by the department. CPR was met at 11:52am when S4 arrived at the center.

Corrective Action Plan: S2 stated they will send S7 and S8 to get CPR training through American Red Cross or American Heart Association as soon as possible.

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.

Statement of Deficiencies

Finding:

NEW 1723.C. Based on record review: At approximately 11:23am, S1 failed to have at least fifty percent or at least four staff on the premises and accessible to children, whichever is less, that have current certification in Pediatric First Aid training approved by the department. S2 stated she thought S7 had Pediatric First Aid, however the training is not approved by the department. Pediatric First Aid was met at 11:52am when S4 arrived at the center.

Corrective Action Plan: S2 stated they will send S7 and S8 to get Pediatric First Aid training through American Red Cross or American Heart Association as soon as possible.

1903.C.: Free of Hazards

Not Met

1903.C.: Indoor and outdoor areas shall be free of hazards.

Finding:

NEW 1903.C. Based on observations: At approximately 10:45am, the outdoor area were not free of hazards as the Specialist observed two loose wooden boards with exposed nails on the side of the deck in the outdoor play yard. The nails are accessible to the 20 children present.

Corrective Action Plan: S2 stated she will get a hammer to hammer the boards back in place later today after S4 arrives at the center.
