

Statement of Deficiencies

1507-F: Daily Attendance Records maintained

Not Met

1507-F: Daily attendance records shall be maintained for three years.

Finding:

1507-F Based on record review/interview on 12/20/17 according to S3 and the orientation training verification S3 was hired on 3/16/17, but did not have a CBC completed until 4/28/17. S1 could not provide any daily attendance records for S3 prior to 12/1/17 as the time sheets are locked in S6's office and S1 does not have access. S4 was hired on 12/16 and S4's CBC was cleared on 4/28/17, S1 did not have documentation of daily attendance records for S4 as they are locked in S6's office and S1 does not have access to the records.

1707-B.1&2: Required Staffing - Staff in Charge

Not Met

1707-B.1&2: When the director or director designee is not on the premises due to a temporary absence or during night time care hours, there shall be an individual appointed as staff-in-charge.

1. The staff-in-charge shall be at least age 21.
2. The staff-in-charge shall have the authority to respond to emergencies, inspections, parental concerns, and have access to all required information.

Finding:

1707-B.2: Based on record review/interviews on 12/20/17 S1 stated that she could not provide the daily attendance for S3 and S4 prior to 12/1/17 and the records are locked in S6's office and S1 does not have access to the office. S1 contacted S6 to verify if S6 was coming to the daycare center and S6 advised S1 that she was busy and would not make it.

1715-A.4: Criminal Background Check

Not Met

1715-A.4: Personnel files for each staff member shall be maintained at the center and shall include the following: documentation of a fingerprint based satisfactory criminal background check

Finding:

1715-A.4 Based on record review on 12/20/17 S3 was hired on 3/16/17 according to orientation training verification however S3's CBC is dated for 4/28/17. S3 was present during licensing visit and stated that she has been working at the center since March, 2017. S4 was hired on 12/16 according to orientation training verification however S4's CBC is dated 4/28/17. S6 reviewed the orientation training document on 12/7/16.

1715-A.5: State Central Registry

Not Met

1715-A.5: Personnel files for each staff member shall be maintained at the center and shall include the following: documentation of a current, completed state central registry disclosure form indicating no justified (valid) finding of abuse or neglect by the DCFS, or a current determination from the DCFS indicating that the individual does not pose a risk to children.

Finding:

1715-A.5 Based on record review on 12/20/17 S1 failed to have documentation of an annual current, completed state central registry disclosure form indicating no justified (valid) finding of abuse or neglect by the DCFS, or a current determination from the DCFS indicating that the individual does not pose a risk to children S1, S2, S4, or S6.

S1 does not have any documentation of a completed state central registry disclosure form indicating no justified (valid) finding of abuse or neglect by the DCFS, or a current determination from the DCFS indicating that the individual does not pose a risk to children for S3. S1, S2 and S3 was present during licensing visit but failed to have copies of a blank form.

Statement of Deficiencies

1921-A: Emergency Preparedness and Evacuation Planning

Not Met

1921-A: Emergency and Evacuation Plan. The director shall consult with appropriate state and local authorities and shall establish and follow a written multi-hazard emergency and evacuation plan to protect children in the event of emergencies that at a minimum shall:

1. address any potential disaster related to the area in which the center is located;
2. include procedures for sheltering in place, lockdown and evacuation to a pre-determined site for potential threats to the safety, health and well-being of children in care;
3. include specific procedures for handling infants through two year olds;
4. include specific procedures for handling children with special needs, including the evacuation and transportation of children in wheelchairs;
5. include a system to account for all children;
6. include a system, and a back-up system, for contacting parents and authorized third party release caretakers;
7. include a system to reunite children and parents following an emergency;
8. include procedures for providing information about the emergency plan to parents at the time of enrollment and when changes occur;
9. be reviewed annually for accuracy and updated as changes occur; and
10. be reviewed with all staff at least once per year.
11. practice drills shall be conducted at least twice per year to include all children and shall be documented.

Finding:

1921-A Based on record review on 12/20/17 the center failed to have a written multi-hazard emergency and evacuation plan to protect children in the event of emergencies that addresses the following any potential disaster related to the area in which the center is located, include procedures for sheltering in place, lockdown and evacuation to a pre-determined site for potential threats to the safety, health and well-being of children in care, include specific procedures for handling infants through two year olds, specific procedures for handling children with special needs, including the evacuation and transportation of children in wheelchairs. The Provider did not have the following system in place for: a multi-hazard system, and a back-up system, a system to reunite children and parents following an emergency. S1 provided an emergency preparedness evacuation plan only addressing if the children has to evacuate the building but it does not address any and all emergency and evacuation plans such as lockdowns, hurricanes, tornadoes and other emergency evacuation situations.