

## 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(s) at 11 a.m., S4 failed to notify the Department prior to making changes that had an effect on the license, as the provider previously did not have transportation designated on its license. Effective 08/10/2021, the Provider began transporting children in the center's vans. S4 stated she attempted to email the Department, but did not receive a response back.

Corrective Action Plan: Effective 09/13/2021, S4 will contact the Department to notify the change in transportation, and will ensure to notify and receive confirmation in the future prior to beginning new services to ensure this deficiency is not cited again.

### 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 observations/record review at 10:45 a.m., a CCCBC-based determination of eligibility for child care purposes from the department was not obtained for each staff member, S9, prior to the person being present at the center or performing services. S9 was working with the children with S8 until 11:00 a.m. when S10 went in the room to replace S9. S4 stated that S9 was shadowing in the classroom.

Corrective Action Plan: Effective 09/13/2021, S4 stated that she will make sure to receive an eligible status from the CCCBC prior to allowing any person to work at the center to ensure this deficiency is not cited again.

### 2101.A.9.: Vehicle - Safety Inspection

Not Met

2101.A.9.: Each vehicle shall have evidence of a current safety inspection.

#### Finding:

2101.A.9. Based on observations at 11:30 a.m., the Vehicle(s) did not have evidence of a current safety inspection. The inspection on the GMC vehicle expired on 08/2021. The inspection on the Chevrolet vehicle had a Mississippi inspection sticker that expired on 04/2015. S4 was unaware that the inspection stickers were expired.

Corrective Action Plan: Effective 09/13/2021, S4 stated she will make sure that the inspection stickers will be done today, 09/13/2021, prior to using the vehicles for transportation of the children. S4 will also set a reminder to get the inspection sticker prior to the expiration date to ensure this deficiency is not cited again.

### 2101.A.14.: Vehicle - Liability Insurance

Not Met

2101.A.14.: Centers shall maintain at all times current commercial liability insurance for the operation of center vehicles to ensure medical coverage for children in event of accident or injury. This policy shall extend coverage to any staff member who provides transportation for any child in the course and scope of his/her employment. The provider is responsible for payment of medical expenses of a child injured while in the center's care. Documentation shall consist of the insurance policy or current binder that includes the name of the early learning center, the name of the insurance company, policy number, period of coverage and explanation of coverage. If transportation is provided by parents for field trips or transportation is provided by contract, whether daily of field trip, a copy of the current liability insurance shall be maintained on file at the center.

#### Finding:

2101.A.14. Based on record review/interview at 12 p.m., S4 failed to have current documentation of current commercial liability insurance for the operation of the vehicle(s) to ensure medical coverage for children in the event of accident or injury. The coverage for the Chevrolet expired on 08/2021. The GMC did not have current insurance prior to transporting the children from 08/10/2021 to 09/12/2021.

Corrective Action Plan: Effective 09/13/2021, S4 stated no one will drive the Chevrolet vehicle until the van has updated insurance, as well as set a reminder to renew the insurance timely to ensure this deficiency is not cited again.

## Statement of Deficiencies

### 2103.F.: Passenger Transportation Log

Not Met

#### 2103.F.: Passenger Log

1. A current passenger log for each trip shall be used to track children and staff during transportation.
2. The log shall be maintained on file at the center and a copy shall be provided to the driver or monitor.
3. The following shall be recorded in the passenger log:
  - a. date the transportation is provided;
  - b. name of the child;
  - c. name of driver and staff members;
  - d. pick up and drop off locations;
  - e. time child was placed on the vehicle;
  - f. time child was released and name of the person or entity to whom child was released; and
  - g. signature of staff person completing the log.

#### Finding:

2103.F. Based on record review/interview at 11:15 a.m., S4 failed to have documentation that the driver or attendant was provided with a current passenger transportation log. Transportation is provided by the Center, and S4 stated she was unaware that the passenger logs were not being completed. The passenger logs were not completed from 08/10/2021 to 09/13/2021. S3 stated that her and the drivers forgot to complete the passenger transportation logs.

Corrective Action Plan: Effective 09/13/2021, S4 stated she will meet with staff today and review the passenger transportation logs. S4 will also check the logs each day to make sure they are being completed and to ensure this deficiency is not cited again.

### 2107.A.1.&2.: Visual Check of Vehicle

Not Met

2107.A.1.&2.: A visual passenger check of a vehicle is required to ensure that no child is left in the vehicle.

1. A staff person shall physically walk through the vehicle and inspect all seat surfaces, under all seats, and in all enclosed spaces and recesses in the interior of the vehicle.
2. The staff member shall record the time of the visual passenger check and sign the log, indicating that no child was left on the vehicle.

#### Finding:

2107.A.1.&2.: Based on interview/record review at 11:15 a.m., S4 failed to have documentation that the driver or a staff person checked the vehicle at the completion of each trip as there was one day documented, 08/10/2021, showing that a vehicle check was done. There were no visual checks completed from 08/11/2021 to 09/13/2021. S3 stated that she forgot to document when she checked the vehicle.

Corrective Action Plan: Effective 09/13/2021, S4 stated she will meet with staff and review the vehicle visual check logs and make sure that staff are completing them each day to ensure this deficiency is not cited again.

### 2107.C.: Daily Transportation Visual Vehicle Check

Not Met

2107.C.: For daily transportation services, the vehicle shall have a visual passenger check made at the completion of each trip or route, prior to the staff member exiting the vehicle.

#### Finding:

2107.C. Based on interview/record review at 11:15 a.m., S4 failed to maintain documentation that the driver or attendant checked the vehicle at the completion of each trip. There was documentation of one vehicle check done on 08/10/2021. There were no daily transportation visual checks completed from 08/11/2021 to 09/13/2021. S4 stated that S3 was responsible for this, and S3 stated that she forgot to document when she checked the vehicle each day.

Corrective Action Plan: Effective 09/13/2021, S4 stated she will meet with staff and review the daily transportation visual vehicle check logs and make sure that staff are completing them each day to ensure this deficiency is not cited again.

## 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 at 10:30 a.m., the center failed to operate within the licensed capacity, as the capacity for the center is 99 children, and 100 children were present at the center. S1 stated she was unaware that she was over her capacity.

Corrective Action Plan: Effective 01/26/2022, S1 will check her attendance before allowing other children into the center to not go over capacity and to ensure this deficiency is not cited again.

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### 1711.A.&B.&D.&G.: Child to Staff Ratio

**Not Met**

1711.A.&B.&D.&G.: A. Child to staff ratios are established to ensure the safety of all children.

B. Minimum child to staff ratios shall be met at all times.

1. There shall be a minimum of two staff members present at an early learning center when more than four children are present.
2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
- C. The department's form noting required child-to-staff ratios shall be posted in each room included in the center's licensed capacity.
- D. Minimum child-to-staff ratios for type II and type III centers are as follows.

Ages of Children	Ratio
Infants under 1 year	5:1
1 year	7:1
2 years	11:1
3 years	13:1
4 years	15:1
5 years	19:1
6 years and up	23:1

G. Mixed Age Groups? Minimum Child to Staff Ratios

1. An average of the child to staff ratios may be applied to mixed age groups of children ages two, three, four and five.
2. Child to staff ratios for children under age two are excluded from averaging.
3. When a mixed age group includes children younger than age two, the age of the youngest child determines the child to staff ratio for the group.
4. An average may be applied to a mixed age group consisting only of children ages five and older.

**Finding:**

1711.A.&B.&D.: Based on observations at 9:30 a.m., S1 failed to meet the required child to staff ratio for children of the following ages: twenty-three children ages four-to-five-years old with one staff. The required ratio for children of this mixed age group is 17 children per 1 staff person. S1 stated she has four staff that are currently out sick.

Corrective Action Plan: Effective 01/26/2022, S1 stated she will ensure that she has proper staffing prior to taking children to ensure this deficiency is not cited again.

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### 2107.A.1.&2.: Visual Check of Vehicle

**Not Met**

2107.A.1.&2.: A visual passenger check of a vehicle is required to ensure that no child is left in the vehicle.

1. A staff person shall physically walk through the vehicle and inspect all seat surfaces, under all seats, and in all enclosed spaces and recesses in the interior of the vehicle.
2. The staff member shall record the time of the visual passenger check and sign the log, indicating that no child was left on the vehicle.

**Finding:**

2107.A.1.&2.: Based on record review/interview at 9:50 a.m., S1 failed to have documentation that the driver or a staff person checked the vehicle at the completion of each trip as there was no documentation of visual checks completed on 01/20/2022, 01/25/2022, and 01/26/2022. S1 stated that she forgot to document that she completed the visual checks on these days.

Corrective Action Plan: Effective 01/26/2022, S1 stated she will set a reminder on her phone in the morning and afternoon to document that her visual checks are completed and documented to ensure this deficiency is not cited again.

## ***Statement of Deficiencies***

### **2107.C.: Daily Transportation Visual Vehicle Check**

**Not Met**

2107.C.: For daily transportation services, the vehicle shall have a visual passenger check made at the completion of each trip or route, prior to the staff member exiting the vehicle.

#### **Finding:**

2107.C. Based on record review/interview at 9:50 a.m., S1 failed to maintain documentation that the driver or attendant checked the vehicle at the completion of each trip. There was no documentation of daily transportation visual checks completed for 01/20/2022, 01/25/2022, and 01/26/2022. S1 stated she forgot to document that she completed the visual checks on these days.

Corrective Action Plan: Effective 01/26/2022, S1 stated she will set a reminder on her phone in the morning and afternoon to document that her visual checks are completed and documented to ensure this deficiency is not cited again.

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## Statement of Deficiencies

### 1507.B.: Daily Attendance Records - Staff and Owners

Not Met

1507.B.: A daily attendance record for all staff members and owners shall be maintained that shall:

1. include the first and last name of the staff member or owner and arrival and departure times;
2. accurately reflect the staff members and owners on the center premises at any given time; and
3. be used to document staff members and owners who leave and return to the center during the day

#### Finding:

1507.B. Based on record review of staff attendance at 1:15 p.m., S1 failed to maintain documentation of staff daily attendance records to include the time of arrival and departure for S3 (date of hire 03/21/2022) and S18 (date of hire 03/16/2022) since starting at the center. S1 stated S3 and S18 do not come every day, therefore they were not in the online attendance system.

Corrective Action Plan: Effective 08/17/2022, S1 will make a form for S3 and S18 to sign in and out when they are needed at the center to ensure compliance with this regulation.

### 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:

## Statement of Deficiencies

1719.A.-C.: Based on record review of staff files at 2:45 p.m., S1 failed to have documentation that 9 of 19 staff, S3, S9, S10, S11, S14, S15, S16, S18, and S19, received orientation within seven days of the first day present at the center and prior to having sole responsibility for any children. S1 failed to have documentation that 4 of 19 staff, S3, S15, S16, and S18, received additional orientation within thirty days of date of hire.

Corrective Action Plan: Effective 08/17/2022, S1 will make a list to track staff's hire dates and orient all staff timely to ensure compliance with this regulation.

### 1723.A.&B.: CPR Certification

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.

#### Finding:

1723. A.&B.: Based on record review of staff files at 2:45 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. S1 stated staff took the infant and child training on 08/03/2022, but she has no documentation to show proof of training.

Corrective Action Plan: Effective 08/17/2022, S1 stated she will receive and maintain documentation of trainings timely to ensure compliance with this regulation.

### 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 of staff files at 2:45 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. S1 stated staff took the pediatric first aid training on 08/03/2022, but she has no documentation to show proof of training.

Corrective Action Plan: Effective 08/17/2022, S1 stated she will receive and maintain documentation of trainings timely to ensure compliance with this regulation.

### 1807.C.: CCCBC-Based Determinations of Eligibility for Visitors and Contractors

Not Met

1807.C.: C. An early learning center shall obtain a CCCBC-based determination of eligibility for child care purposes from the department for each visitor or independent contractor of any kind, and shall have documentation of said determination available at all times for inspection upon request by the licensing division, unless the visitor or independent contractor, other than therapeutic professionals as defined in §103, will be accompanied at all times while at the center when children are present, by an adult staff member who is not being counted in child-to-staff ratios. The center shall have documentation of said determination of eligibility, or documentation of the accompanying staff member, available at all times for inspection upon request by the Licensing Division.

#### Finding:

1807.C.: Based on record review/interview(s) at 1:15 p.m., a CCCBC-based determination of eligibility for child care purposes from the department was not obtained for each independent contractor, O1, prior to the person being present at the center or performing services. S1 failed to have documentation of the paid, adult staff member not otherwise counted in child to staff ratios who accompanied O1 at all times while on the center premises. S1 stated that she is attempting to retrieve O1's CCCBC and that the child is transitioning to the center. S14 stepped in at 1:30 p.m. to accompany O1.

Corrective Action Plan: Effective 08/17/2022, S1 will check all visitor and independent contractor's CCCBC eligibility prior to them working in the center, and she will ensure an adult staff member will accompany anyone who does not have an eligible CCCBC status.

### 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 2 p.m., S1 failed to document that the entire center and play yard is checked after the last child departs to ensure

## Statement of Deficiencies

that no child is left unattended at the center. There was no documentation of an end-of-day check for the months of June and July 2022. S1 stated they were completing the end-of-day check, but did not document them.

Corrective Action Plan: Effective 08/17/2022, S1 will leave the end-of-day check at the front of the facility and assign a staff to complete every day to ensure compliance with this regulation.

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### 2105.E.: Field Trip - Record

**Not Met**

2105.E.: E. A written or electronic record for each field trip shall be maintained and shall include the following:

1. date, destination(s) and method of transportation;
2. names of all the children being transported in each vehicle;
3. names of the driver, staff members and other adults being transported in each vehicle;
4. names of other adults who joined the field trip at the destination(s) to assist with supervision of children; and
5. the presence of each child each time the children enter or exit the vehicle.

#### Finding:

2105.E. Based on record review/interview(s) at 2:30 p.m., S1 failed to maintain a record of all field trips taken during the summer. S1 failed to document names of all of the children attending the field trips and who was transported, the name of the driver and staff transported in each vehicle, and when the children entered or exited the vehicle for field trips taken on 06/14/2022, 06/24/2022, 06/29/2022, and 07/19/2022. S1 stated she got permission for the children to take the field trips, but forgot to document the other required information.

Corrective Action Plan: Effective 08/17/2022, S1 stated she will print field trip forms out ahead of time and ensure to complete documentation during each field trip to ensure compliance with this regulation.

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## Statement of Deficiencies

### 1711.A.&B.&D.&G.: Child to Staff Ratio

Not Met

- 1711.A.&B.&D.&G.: A. Child to staff ratios are established to ensure the safety of all children.
- B. Minimum child to staff ratios shall be met at all times.
1. There shall be a minimum of two staff members present at an early learning center when more than four children are present.
  2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
- C. The department's form noting required child-to-staff ratios shall be posted in each room included in the center's licensed capacity.
- D. Minimum child-to-staff ratios for type II and type III centers are as follows.

Ages of Children	Ratio
Infants under 1 year	5:1
1 year	7:1
2 years	10:1
3 years	13:1
4 years	15:1
5 years	19:1
6 years and up	23:1

- G. Mixed Age Groups Minimum Child to Staff Ratios
1. An average of the child to staff ratios may be applied to mixed age groups of children ages two, three, four and five.
  2. Child to staff ratios for children under age two are excluded from averaging.
  3. When a mixed age group includes children younger than age two, the age of the youngest child determines the child to staff ratio for the group.
  4. An average may be applied to a mixed age group consisting only of children ages five and older.

#### Finding:

1711.A.&B.&D.&G.: Based on observations at 9:30 a.m., S14 failed to meet the required child to staff ratio for children of the following ages: 23 children ages two and three-years-old with 2 staff. The required mixed ratio for children of this age is 11 children per 1 staff person. S14 also failed to meet the required ratio for the following: 12 children ages two-years-old with 1 staff. The required ratio for children of this age is 10 children per 1 staff. Ratios were corrected at 10:05 a.m. when S12 arrived. S14 stated she had staff call out unexpectedly.

Corrective Action Plan: Effective 01/11/2023, S14 stated she will hire a floater to be present at the center each day in case staff unexpectedly call out to ensure compliance with this regulation.

### 1723.A.&B.: CPR Certification

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.

#### Finding:

1723. A.&B.: Based on record review of staff files at 10:30 a.m., S14 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. S14 scheduled an infant and child CPR training for 01/18/2023.

Corrective Action Plan: Effective 01/11/2023, S14 will review all staff trainings and schedule trainings as needed and 30 days prior to expiration to ensure compliance with this regulation.

### 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 of staff files at 10:30 a.m., S14 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. S1 scheduled a pediatric first aid training for 01/18/2023.

Corrective Action Plan: Effective 01/11/2023, S14 will review all staff trainings and schedule trainings as needed and 30 days prior to expiration to ensure compliance with this regulation.



## Statement of Deficiencies

### 1711.A.&B.&D.&G.: Child to Staff Ratio

Not Met

- 1711.A.&B.&D.&G.: A. Child to staff ratios are established to ensure the safety of all children.
- B. Minimum child to staff ratios shall be met at all times.
1. There shall be a minimum of two staff members present at an early learning center when more than four children are present.
  2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
  3. The department's form noting required child-to-staff ratios shall be posted in each room included in the center's licensed capacity.
  4. Minimum child-to-staff ratios for type II and type III centers are as follows.

Ages of Children	Ratio
Infants under 1 year	5:1
1 year	7:1
2 years	10:1
3 years	13:1
4 years	15:1
5 years	19:1
6 years and up	23:1

- G. Mixed Age Groups Minimum Child to Staff Ratios
1. An average of the child to staff ratios may be applied to mixed age groups of children ages two, three, four and five.
  2. Child to staff ratios for children under age two are excluded from averaging.
  3. When a mixed age group includes children younger than age two, the age of the youngest child determines the child to staff ratio for the group.
  4. An average may be applied to a mixed age group consisting only of children ages five and older.

#### Finding:

1711.A. & B. & D.: Based on observations/interviews at 10:15 a.m., S16 failed to meet the required child to staff ratio for children of the following ages: 23 children, ages four-years-old with one staff, S13. The required ratio for children of this age is 15:1. Child to staff ratio was met prior to Specialist's departure.

Corrective Action Plan: Effective 2/14/2023, S16 stated she will ensure child to staff ratios are met at all times by placing an extra staff member in the classroom or on the playground as needed to ensure compliance with this regulation.

### 1713.A.&B.&C.: Supervision

Not Met

- 1713.A.&B.&C.: A: Children shall be supervised at all times in the center, on the playground, on field trips, on non-vehicular excursions, and during all water activities and water play activities.
- B: Children shall not be left alone in any room, (except the restroom as indicated in Subsection G or when being provided services by therapeutic professionals as defined in 103), outdoors, or in vehicles, even momentarily, without staff present.
- C: A staff person shall be assigned to supervise specific children whose names and whereabouts that staff person shall know and with whom the staff person shall be physically present. Staff shall be able to state how many children are in their care at all times.

#### Finding:

1713.A.: Based on observations at 1 p.m., S16 failed to ensure children were supervised at all times in the center. Specialist observed two one-year-olds, asleep, in cribs covered with black crib tents that zipped closed and covered the view inside of the crib from each side and the top. The crib tents prohibited S8's direct view of 2 one-year-olds in cribs. S8 stated she was keeping the light out of the one-year-olds faces. S1 and S8 immediately removed the crib tents from the cribs.

Corrective Action Plan: Effective 2/14/2023, S16 will return the crib tents to the parents that provided them and retrain staff on the center's supervision policy by 2/17/2023 to ensure compliance with the regulation.

### 1903.E.6.: Outdoor - Crawlspace

Not Met

1903.E.6.: Crawlspace and mechanical, electrical, or other hazardous equipment shall be made inaccessible to children.

#### Finding:

1903.E.6.: Based on observations/interviews at 10:45 a.m., S16 failed to ensure all electrical or other hazardous equipment was inaccessible to children. Two air conditioner units on the playground failed to be enclosed and inaccessible to children. S1 placed a temporary lattice barrier around one of the units prior to Specialist's departure.

Corrective Action Plan: Effective 2/14/2023, S16 stated children will not be allowed to play on the playground until both units are protected by a permanent barrier and inaccessible to children. S1 also stated she will place a lattice fence around the units by 2/15/2023, to ensure compliance with

***Statement of Deficiencies***

this regulation.

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## 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 12 p.m., S1 failed to have documentation of a current annual inspection and approval from the Office of Public Health. The date of the last approval is 03/29/2022. S11 stated she emailed the Office of Public Health, but they have not sent her the annual approval certificate.

Corrective Action Plan: Effective 04/28/2023, S11 stated she will retrieve all documentation for inspections timely to ensure compliance with this regulation.

### 1711.A.&B.&D.&G.: Child to Staff Ratio

**Not Met**

1711.A.&B.&D.&G.: A. Child to staff ratios are established to ensure the safety of all children.

- B. Minimum child to staff ratios shall be met at all times.
  - 1. There shall be a minimum of two staff members present at an early learning center when more than four children are present.
  - 2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
- C. The department's form noting required child-to-staff ratios shall be posted in each room included in the center's licensed capacity.
- D. Minimum child-to-staff ratios for type II and type III centers are as follows.

Ages of Children	Ratio
Infants under 1 year	5:1
1 year	7:1
2 years	10:1
3 years	13:1
4 years	15:1
5 years	19:1
6 years and up	23:1

- G. Mixed Age Groups Minimum Child to Staff Ratios
  - 1. An average of the child to staff ratios may be applied to mixed age groups of children ages two, three, four and five.
  - 2. Child to staff ratios for children under age two are excluded from averaging.
  - 3. When a mixed age group includes children younger than age two, the age of the youngest child determines the child to staff ratio for the group.
  - 4. An average may be applied to a mixed age group consisting only of children ages five and older.

**Finding:**

1711.A. & B. & D.: Based on observations at 11:25 a.m., S1 failed to meet the required child to staff ratio for children of the following ages: 18 children ages four to five-years-old with 1 staff. The required ratio for children of this mixed age group is 17 children per 1 staff person. S11 took one of the children to fix ratio at 11:40 a.m. S11 stated she thought all of the children were five, but one child in the classroom is four-years-old.

Corrective Action Plan: Effective 04/28/2023, S11 stated she will check the ages and number of children with staff to make sure ratio is met at all times to ensure compliance with this regulation.

## Statement of Deficiencies

### 1103.A.-D.: Critical Incidents and Required Notifications

Not Met

1103.A.-D.: An early learning center shall make immediate notification to emergency personnel, law enforcement as applicable, and other appropriate agencies for the following types of critical incidents involving children in care:

1. death;
  2. serious injury or illness that required medical attention;
  3. a child left unsupervised for any amount of time;
  4. use of prohibited behavior management as described in § 1509.A.8.b;
  5. allegations or suspicion of child abuse or neglect by center staff;
  6. an accident involving the transportation of children; or
  7. any other significant event relating to the health, safety, or well-being of any child, including but not limited to a lost child, an emergency situation, fire or other structural damage, or closure of the center.
- B. The parent shall be contacted immediately following any immediate notifications made under Subsection A.
- C. The LDE and other appropriate agencies, such as DCFS, LDH and the Office of State Fire Marshal, as applicable, shall be notified via email within 24 hours of the incident.
- D. The department shall be notified by written report within 24 hours of the incident or the next business day. This written notification shall be made on the department's Critical Incidents Report Form and shall contain all information requested on the form.

#### Finding:

1103.A.5.C.: Based on interview(s)/record review on 5/25/2023, at noon, S1 failed to notify the Department, within 24 hours, of the following critical incident: On 5/18/2023, Child Welfare visited the center to investigate suspicion of abuse by center staff. C1, age 1 year old, was observed by his pediatrician with bruising to bilateral shins and calves, thumb-print size, that looked as if a hand was wrapped around his leg.

Corrective Action Plan: Effective 5/25/2023, S1 will notify the Department and Child Welfare of all critical incidents, within 24 hours or the next business day, to ensure compliance with the regulation.

### 1723.A.&B.: CPR Certification

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.

#### Finding:

1723.A.&B.: Based on record review at 2 p.m., S1 failed to provide documentation that all staff on the premises and accessible to the children have current certification in infant, child and adult CPR through training approved by the department.

Corrective Action Plan: Effective 5/25/2023, S2 will schedule trainings upon hire to ensure compliance with the regulation. S2 has scheduled CPR training on 5/31/2023.

### 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 at 2 p.m., S1 failed to provide 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 5/25/2023, S2 will schedule trainings upon hire to ensure compliance with the regulation. S2 has scheduled pediatric first aid training on 5/31/2023.

# Statement of Deficiencies

## 1103.A.-D.: Critical Incidents and Required Notifications

Not Met

1103.A.-D.: An early learning center shall make immediate notification to emergency personnel, law enforcement as applicable, and other appropriate agencies for the following types of critical incidents involving children in care:

1. death;
  2. serious injury or illness that required medical attention;
  3. a child left unsupervised for any amount of time;
  4. use of prohibited behavior management as described in § 1509.A.8.b;
  5. allegations or suspicion of child abuse or neglect by center staff;
  6. an accident involving the transportation of children; or
  7. any other significant event relating to the health, safety, or well-being of any child, including but not limited to a lost child, an emergency situation, fire or other structural damage, or closure of the center.
- B. The parent shall be contacted immediately following any immediate notifications made under Subsection A.
- C. The LDE and other appropriate agencies, such as DCFS, LDH and the Office of State Fire Marshal, as applicable, shall be notified via email within 24 hours of the incident.
- D. The department shall be notified by written report within 24 hours of the incident or the next business day. This written notification shall be made on the department's Critical Incidents Report Form and shall contain all information requested on the form.

### Finding:

1103.A -D: Based on interviews/record review on 09/29/2023, at 10:00 a.m., S1 failed to notify Child Welfare within 24 hours of the following critical incident: On 09/13/2023, at approximately 7:54 a.m., C1 (8-months-old) received multiples bites and scratches to his face, that broke the skin and caused bleeding by C2 (12 -months-old). O1 was notified at 7:54 a.m., via the center's Brightwheel Application. The Department was notified on 09/13/2023.

On exact date and time unknown, S1 failed to notify the Department and Child Welfare within 24 hours, and the parent immediately of the following critical incident: C6 (3-years-old) slipped passed staff on the play yard, through the baby gate and into the back door of the center's building B. C6 was returned by a by-stander after being found outside, by the front door of the center's building B.

Corrective Action Plan: Effective 10/26/2023, S1 will report any and all allegations and critical incidents to the parents immediately, Department and Child Welfare (if applicable) within 24 hours of notification to ensure compliance with this deficiency.

## 1711.A.&B.&D.&G.: Child to Staff Ratio

Not Met

1711.A.&B.&D.&G.: A. Child to staff ratios are established to ensure the safety of all children.

- B. Minimum child to staff ratios shall be met at all times.
1. There shall be a minimum of two staff members present at an early learning center when more than four children are present.
  2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
- C. The department's form noting required child-to-staff ratios shall be posted in each room included in the center's licensed capacity.
- D. Minimum child-to-staff ratios for type II and type III centers are as follows.

Ages of Children	Ratio
Infants under 1 year	5:1
1 year	7:1
2 years	10:1
3 years	13:1
4 years	15:1
5 years	19:1
6 years and up	23:1

G. Mixed Age Groups Minimum Child to Staff Ratios

1. An average of the child to staff ratios may be applied to mixed age groups of children ages two, three, four and five.
2. Child to staff ratios for children under age two are excluded from averaging.
3. When a mixed age group includes children younger than age two, the age of the youngest child determines the child to staff ratio for the group.
4. An average may be applied to a mixed age group consisting only of children ages five and older.

### Finding:

1711.A&B&D&G: Based on record review/interview on 09/13/2023, at 7:54 a.m., S1 failed to ensure child to staff ratio was met for children of the following ages: 8 children, ages 8-months-old to 2 -years- old with 1 staff, S11. In order to meet child to staff ratio, 2 staff should have been present with this group of children. Child to staff ratio was met when S10 entered the room approximately two minutes later.

## Statement of Deficiencies

Corrective Action Plan: Effective 10/26/2023, S1 stated all staff will be issued walkie talkies to request another staff if and when they may need to exit the classroom to ensure compliance with this regulation.

### 1713.A.&B.&C.: Supervision

**Not Met**

1713.A.&B.&C.: A: Children shall be supervised at all times in the center, on the playground, on field trips, on non-vehicular excursions, and during all water activities and water play activities.

B: Children shall not be left alone in any room, (except the restroom as indicated in Subsection G or when being provided services by therapeutic professionals as defined in 103), outdoors, or in vehicles, even momentarily, without staff present.

C: A staff person shall be assigned to supervise specific children whose names and whereabouts that staff person shall know and with whom the staff person shall be physically present. Staff shall be able to state how many children are in their care at all times.

#### Finding:

1713.A.&B.&C.: Based on record review/interview on 09/1/2023, at 7:54 a.m., children failed to be under supervision at all times as C1(8 -months-old), received multiples bites and scratches to his face, that broke the skin and caused bleeding, by C2 (12-months-old), as S11's back was turned, strapping a child into the feeding table and S10 was walking back into the room.

08/09/2023, (exact time unknown), children failed to be under supervision at all times as C9 (age 8-months-old), was left alone in the infant classroom and discovered crying, leaning forward, hanging from a baby swing as if he was reaching for something.

On 03/23/2023, between 3:00 p.m. and 4:00 p.m., children failed to be under supervision at all times as C6 (3-years-old) could not be found after she slipped passed staff on the play yard, through the baby gate and into the back door of the center's building B. C6 was returned by a by-stander after being found outside, by the front door of the center's building B.

Corrective Action Plan: Effective 10/26/2023, S1 conducted an all staff meeting on 10/06/2023 and reviewed the center's supervision policies and procedures to ensure compliance with the regulation.

### 1723.F: CPR/Pediatric First Aid within 60 days

**Not Met**

1723.F: Within 60 calendar days from the date of hire and prior to assuming sole responsibility for any children, each staff member shall have current certification in pediatric first aid and CPR. During this period, caregivers and teachers who provide direct care for children must be supervised until training is completed.

#### Finding:

1723.F Based on record review/interview on 09/29/2023, at 11:30 a.m., S1 failed to have teachers: (S3, S4, S7 and S8) who provide direct care for children be supervised until current certification in pediatric first aid and CPR training is completed, within 60 calendar days from the date of hire and prior to assuming sole responsibility for any children.

Corrective Action Plan: Effective 09/29/2023, S1 stated newly hired staff will assist with certified staff until certification is obtained to ensure compliance with this regulation.