

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.: Daily Attendance Records- Staff and Owners: Based on observations/record review at 10:00 a.m., S1 failed to maintain documentation of a daily attendance record for S1 and S7, to include the time of arrival and departure.

CORRECTIVE ACTION PLAN: Effective 1/19/2022, S17 stated that a meeting will be held to remind all employees to clock in before their shifts start to ensure this deficiency is not re-cited.

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.: Child to Staff Ratio: Based on observation at 8:30 a.m., S1 failed to meet the required child to staff ratio for children of the following ages: 3 months to 1-year-old. 6 infants were in the classroom with 1 staff, S10. The required ratio for children of this age is 5 children per 1 staff person.

CORRECTIVE ACTION PLAN: Effective 1/19/2022, S1 stated that she will monitor classrooms as children arrive to ensure this deficiency is not re-cited.

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.: End-of-Day Check: Based on observations/record review at 9:45 a.m., S1 failed to document that the entire center and play yard is checked after the last child departs to ensure that no child is left unattended at the center. An end-of-day check has not been documented since 12/28/2021.

CORRECTIVE ACTION PLAN: Effective 1/19/2022, S1 stated that she and S17 will both review for signature of the end-of-day log to ensure this deficiency is not re-cited.

1917.C.: Medication Sent to Center

Not Met

1917.C.: C. All medication shall be sent to the center in its original container, shall not have an expired date, and shall be clearly labeled with the name of the child to ensure that medication is for individual use only.

Statement of Deficiencies

Finding:

1917.C.: Medication Sent to Center: Based on observations/record review at 12:00 p.m., S1 failed to have medication for C1 and C2, sent to the center without an expired date.

CORRECTIVE ACTION PLAN: Effective 1/19/2022, S1 stated that she will review all medication at the beginning of each month to be sure that the forms and medication have not expired to ensure this deficiency is not re-cited.

1917.K.: Emergency Medication Plan and Records

Not Met

1917.K.: Emergency Medications

1. Children who require emergency medications, such as an EpiPen or Benadryl, shall have a written plan of action that shall be updated as changes occur or at least every six months, and shall include:

- a. method of administration;
- b. symptoms that indicate the need for the medication;
- c. actions to take once symptoms occur;
- d. description of how to use the medication; and e. signature of parent and date of signature.

2. Medication administration records for emergency medication shall be maintained and include the following:

- a. symptoms that indicated the need for the medication;
- b. actions taken once symptoms occurred;
- c. description of how medication was administered;
- d. signature of administering staff member; and
- e. phone contact with the parent after administering emergency medication.

Finding:

1917.K.: Emergency Medication Plan and Records: Based on observations/record review at 12:05 p.m., S1 failed to update the written Emergency Medication Plan of action as changes occur or at least every six months for C1 and C2.

CORRECTIVE ACTION PLAN: Effective 1/19/2022, S1 stated that she will review all medication at the beginning of each month to be sure that the forms and medication have not expired to ensure this deficiency is not re-cited.