

## 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:

1507.A. Based on record review at 10:30 a.m., Specialist reviewed daily attendance records for the children from 2/25/2022 through 3/14/2022 and observed that the arrival time was not documented 7 times, the departure time was not documented 23 times, and the first and last name of person or entity to whom the child was released was not documented 19 times.

CORRECTIVE ACTION PLAN: Effective 3/15/2022, S1 will begin checking the daily attendance records at 9:45 a.m. daily to make sure all children present are signed in and again when completing the End of Day check to ensure that all children are signed out. She will also review to make sure the first and last name of whom the child was released to is documented to ensure that this deficiency is not repeated.

### 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.
- 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.D.G. 2&3. Based on observation at 9:17 a.m., S1 failed to meet the required child to staff ratio for children of the following ages: 8 children ages 1 to 2 years old were present with 1 staff, S5. The required ratio for children of this age is 7 children per 1 staff person. S1 removed one child from S5's classroom and placed in S7's classroom which corrected the ratio.

CORRECTIVE ACTION PLAN: Effective 3/15/2022, S1 will meet with all staff and review Child to Staff Minimum Ratio by 3/16/2022 to ensure that this deficiency is not repeated.

### 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.

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### Finding:

1725.A.-D. Based on record review at 12:30 p.m., S1 failed to have two staff members with a current medication administration training whether the center is administering medication or not. S1 is the only staff member that has a current medication administration training. The center does not administer medication.

CORRECTIVE ACTION PLAN: Effective 3/15/2022, S1 will enroll two staff members in a current medication administration training with an approved child care health consultant by 3/21/2022 to ensure that this deficiency is not repeated.

### 1915.B.&C.: Health Services - Parental Notification

Not Met

#### 1915.B.&C.:

B. Reporting. Incidents, injuries, accidents, illnesses, and unusual behavior shall be documented and reported to the parent no later than when the child is released to the parent or authorized representative on the day of the occurrence.

C. Immediate Notification. The parent shall be immediately notified in the following circumstances:

1. blood not contained in an adhesive strip;
2. head or neck or eye injury;
3. human bite that breaks the skin;
4. animal bite;
5. impaled object;
6. broken or dislodged teeth;
7. allergic reaction skin changes (e.g. rash, spots, swelling, etc.);
8. unusual breathing;
9. symptoms of dehydration;
10. temperature reading over 101° oral, 102° rectal, or 100° axillary; or
11. injury or illness requiring professional medical attention.

### Finding:

1915. C. Based on record review at 11:40 a.m., S1 failed to have documentation of immediate notification to the parent when the following occurred to C5, age 2. On 2/15/2022 at 3:15 p.m., C5 was riding a bike outside on the play ground and fell off hitting the side of his face. The mother of C5 signed the accident report but no date and time was listed to verify when the parent was notified of the incident.

CORRECTIVE ACTION PLAN: Effective 3/15/2022, S1 will meet with all staff on 3/16/2022 and review the requirements for completing accident/illness/injury/behavior reports correctly to ensure that this deficiency is not repeated.