

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 one child is present.
2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.

D. Minimum Child to Staff Ratios for Type II and Type III centers:

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 2, 3, 4 and 5
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 5 and older.

Finding:

1711.A.&B.&D.: Based on observation/interview: The Provider failed to meet the required child to staff ratio for children of the following ages: The Specialist observed S3 supervising a total of 15 three year old children. The required ratio for children of this age is 13 children per 1 staff person. Child to staff ratio for the 3 year old classroom was corrected once S7 entered the classroom to assist S3.

1725.A.-C.: Medication Management Training

Not Met

1725.A.-C.: 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 on the premises. 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.

Finding:

1725.A.-C. Based on record review/interview(s): The Provider did not have current documentation of training in medication administration completed with an approved Child Care Health Consultant for at least 2 staff members. Training is required every two years and the staff's training expired March 18, 2019.

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:

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1915.B: Based on record review/interview: S1 stated she did not have documentation of an incident that occurred on 3/8/19, regarding C2 sleeping on a plastic area of his cot which made a small red mark on the side of his face. S1 stated she contacted the parent but failed to document the incident
