

Statement of Deficiencies

1515.A.1.: Child Records and Cumulative Files

Not Met

1515.A.1.: A cumulative file shall be maintained on each child that shall include the following records:

1. An information form signed and dated by the parent and updated as changes occur, that contains:
 - a. name of child, date of birth, sex, date of admission;
 - b. name of parents and the home address of both child and parents;
 - c. phone numbers where parents may be reached while child is in care;
 - d. name and phone number of person to contact in an emergency if parents cannot be located promptly;
 - e. name and telephone number of child's physician, if applicable;
 - f. name and telephone number of the child's dentist, if applicable;
 - g. any special concerns, including but not limited to allergies, chronic illnesses, and any special needs of the child, if applicable;
 - h. any special dietary needs, restrictions or food allergies or intolerances, if applicable. See Paragraph 4;

Finding:

1515.A.1. Child Records and Cumulative Files: Based on record review on 5/2/19 2 of 12 children's records reviewed did not contain a Child's Information Form. Specialist requested the C11 and C12 information on 5/2/19 and S1 was unable to obtain C11 and C12's file prior the Specialist leaving the center.

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.&G.: Child to Staff Ratio: Based on observation on 5/2/19 the center failed to meet the required child to staff ratio for children of the following ages: (6) infant children ages 4-11 m/o with 1 staff. The required ratio for children of this age is 5 infant children per 1 staff person. Specialist identified in S1 and S3's class that upon completing the walk through on 5/2/19 the Specialist identified that S1 was in the class alone with 6 infants. S3 entered the room approximately one minute later which returned the room to compliance.

1903.C.: Free of Hazards

Not Met

1903.C.: Indoor and outdoor areas shall be free of hazards.

Finding:

1903.C.: Free of Hazards: Based on observations on 5/2/19 the indoor area was not free of hazards as evidenced by the Specialist identifying that the 3 y/o class had a cabinet stacked on top of a book shelf which is a tipping hazard. On top of the stacked cabinet was more supplies such as a box with a helium tank and board games. Specialist identified that the cabinet and objects on top of it were unstable and could potentially fall on a child. S1 and S8 removed the cabinet, helium tank and board games from the top of the book shelf prior to the Specialist leaving the center.

1909.C.: Infants - Positioning Devices

Not Met

1909.C.: Infants shall not be placed in positioning devices, unless the center has written authorization from a physician to use a positioning device.

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Finding:

1909.C.:Infants-Positioning Devices: Based on observations on 5/2/19 the Written authorization from a physician was not available for, C12, infant using a positioning device. Specialist identified that C12 was asleep in a swing. Specialist inquired why C12 was asleep in the swing and not in his crib and S1 told her that C12 had a severe gastrointestinal problem and that he could not be laid flat at all. S1 stated that she could not remove C12 from the swing and that she did not currently have the physicians order which supported this claim but would request the information from C12's mother.

1919.H.: Infants Held While Bottle Fed

Not Met

1919.H.: Infants that cannot hold a bottle shall be held while being bottle-fed. A child shall not be placed lying down on a mat or otherwise with a bottle, sippy cup, etc. A bottle shall not be propped at any time.

Finding:

1919.H: Infants Held While Bottle Fed: Based on observation on 5/2/19 the specialist observed an infant with a propped bottle. Upon Specialist entering S1 and S3's room it was identified that C11 was in the swing with his bottle propped on a blue bunched up blanket. Specialist informed S1 and S3 of the error and S3 removed the propped bottle and held C11 while he drank prior to Specialist leaving the room.
