

## 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-G Based on observations on 05/29/18, S1 failed to meet the required child to staff ratio for children of the following ages: infants (6 weeks to 11 months as 12 infants were observed with two staff (S13 and S17). The required ratio for children of this age is 5 children per 1 staff person. 1 additional staff was needed to meet ratio. S1 stated that S25 was supposed to relieve S4 when she went on break at 9 am but she was needed in S8's room because S15 and S26 were late. Ratio was met at 11:00 am when S4 returned.

### 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 administering medication or not, each early learning center shall have at least two staff members trained in medication administration.

C. Such training shall be completed every two years with an approved Child Care Health Consultant.

D. A licensed practical nurse (LPN) or registered nurse (RN) with a valid nursing license shall be considered to have medication administration training.

#### Finding:

1725-A.-D. Based on record review on 05/29/18 S1 did not have at least two staff members trained in medication administration whether the early learning center administers medication or not. S26 is the only staff that has this certification. Based on the medication authorization form reviewed on 05/29/18, S1 gave C11 a breathing treatment on 05/29/18, S1 does not have a current medication certification.

### 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 record review on 05/29/18, A CCCBC-based determination of eligibility for child care purposes from the department was not obtained for each staff member, S15, S20, and a S22 prior to the person being present at the center or performing services as evidence by: S1 could not provide a CCCBC-based determination of eligibility for child care purposes from the department for S15 who resigned on 02/01/18 and was rehired on 05/18/18, S20 who resigned on 03/08/18 and was rehired on 05/08/18, and S22 who resigned on 01/04/18 and was rehired on 05/21/18. S1 stated that all three were sent to complete the CCCBC on 05/29/18.