

## 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.1.2. Based on record review/interview at 10:40 am, the daily attendance record failed to accurately reflect the persons on the child care premises. S10 failed to be signed in. S10 was hired on 3/15/2020 and had never signed in or out. S2 stated S10 had never been required to sign-in and out. This was not corrected while the Specialist was present.

Corrective Action: Effective 6/15/2020, S2 will require S10 to sign-in and out.

### 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.B. Based on interview at 10:40 am, child to staff ratio failed to be met as S10, a 17-year-old, was observed supervising 13 children ages 5 to 10-years old. S10 failed to be under the direct supervision of an adult staff member. This was not corrected while the Specialist was present.

Corrective Action Plan: Effective 6/15/2020, S2 stated S10 will be under the direct supervision of an adult staff member when she is supervising the children. S2 understands that S10 cannot supervise the children alone because she is 17-years-old.

### 1719.A.&B.: Orientation Training

Not Met

1719.A.&B.: A. Within seven calendar days of the first day present at the center, and prior to assuming sole responsibility for any children, each staff member shall receive orientation to the policies and practices of the center that at a minimum shall include:

1. child abuse identification and reporting;
2. emergency preparation;
3. licensing regulations; and
4. safe sleep practices.

B. Within 30 calendar days of date of hire, each staff member shall receive orientation to the additional policies and practices of the center that at a minimum shall include:

1. child development;
2. child guidance;
3. learning activities;
4. health and safety;
5. shaken baby prevention; and
6. CPR and first aid, as applicable.

## **Statement of Deficiencies**

**Finding:**

1719.A.&B. Based on record review at 10:40 am, S2 failed to have documentation that S10, who was hired on 3/15/2020, received orientation training. This was not corrected while the Specialist was present.

Corrective Action Plan: Effective 6/15/2020, S2 stated all staff that require orientation training will receive the training based on the Departments time frame.

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**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/interview at 10:40 am, S2 failed to have documentation that a CCCBC-based determination of eligibility for S10. According to the orientation training verification form received, her hire date was 3/15/2020. This was not corrected while the Specialist was present.

Corrective Action Plan: S2 stated she would be sending S10 to have her fingerprints done on 6/16/2020. All staff will have a background check prior to being allowed to work in the center.

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