

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/interview(s): The Provider failed to meet the required child to staff ratio for children of the following ages: 8 children age 1 year old with 1 staff. The required ratio for children of this age is 7 children per 1 staff person. During the walk-through, Specialist observed S10 exit classroom #4 as Specialist entered classroom #4. Specialist observed S10 enter classroom #6. Specialist entered classroom #6 and observed S10 and S11 present with 8 one year olds. Specialist inquired if anyone had been assisting in the classroom prior to S10's entrance and was advised no one had been. S1 and S10 stated that S10 went to classroom #4 to assist briefly. Child staff ratio was met prior to Specialist departure.

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-B.&C:Based on recored review: The Provider did not have documentation of immediate notification to the parent when the following occurred to a child: a child hit his head on the cubbies. Incident occurred at 10:30 AM on May 16, 2017 and the parent was notified at 11:45 AM. Also on July 11, 2017 at 11:00 AM a child fell face first to the ground scrapping her nose and the parent was notified at 4:50 PM. On June 9, 2017 at 10:30 AM a child crashed into another child's face on the right side and there was no documentation of parental notification, and on May 23, 2017 at 3:40 PM a child bumped her chin on the slide causing her to bite her tongue and have a bruise beneath her chin and the parent was not notified until 5:30 PM.