

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 record review:

The Specialist observed that the center did not have at a minimum of 2 child care staff present at an early learning center when more than one child is present as one staff was supervising 14 children ages infants to 3 years old. The Specialist observed staff daily attendance records reflecting only S1 being present at 6:30 am and other staff (S2, S3, and S4) arriving at 8:10 am and 8:15 am.

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:

The Specialist observed that no staff has current documentation of training in medication administration completed with an approved Child Care Health Consultant. Training is required every two years and the S1's and S5's training expired 3/30/17.