

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.: Child to Staff Ratio: Based on observation/record review at 1:15 p.m., S21 failed to meet the required child to staff ratio for children ages infant to 4-year-old. Specialist observed S16 supervising one, 4-year-old-child, three, 1-year-old-children, and four infants in the infant classroom. One additional staff person was needed at all times to meet ratio. S21 remained in the classroom until S23 returned at 1:22 p.m.

At 3:05 p.m., Specialist observed S5 supervising nine, 1-year-old-children, and one, 2-year-old-child. The required ratio for children of this age is seven children to one staff person. One additional staff person was needed at all times to meet ratio. Ratio was met with S21 entering the classroom. Technical Assistance provided during previous visit on 7/13/2021.

Corrective Action Plan: Effective 8/9/2021, S20 will review with staff that ratio is to be met at all times. This regulation will be reviewed with all staff no later than 8/16/2021, and it will be documented. All staff and staff-in-charge will keep current head count of all classrooms at all times, to ensure this deficiency is not re-cited.

1711.H.: Rest Time - Minimum Child to Staff Ratio

Not Met

1711.H.: Rest Time - Minimum Child to Staff Ratios

1. Sufficient staffing needed to satisfy child to staff ratios shall be present on the premises during rest time and available to assist as needed.
2. Children ages one and older may be grouped together at rest time with one staff member in each room supervising the resting children.

Finding:

1711.H.: Rest Time - Minimum Child to Staff Ratio: Based on observation/record review: S21 failed to have the required staffing present in the building during rest time to satisfy child/staff ratio as evidenced by twenty-nine children age infant to 5-year-old-children present with three staff. One additional staff person was needed at all times to meet rest time ratio. Ratio was met when S23 arrived in the center at 1:22 p.m.

Corrective Action Plan: Effective 8/9/2021, S20 stated she will have staff-in-charge complete head count of children, taking into account ratio requirement. An additional staff person will be present before breaks are given, to ensure this deficiency is not re-cited.

1713.E.&F.: Supervision Participation

Not Met

1713.E.&F.:

- E: While supervising a group of children, staff shall devote their time to supervising the children, meeting the needs of the children, and participating with them in their activities.
- F: Staff duties that include cooking, housekeeping or administrative functions shall not interfere with the supervision of children.

Finding:

1713.E.&F.: Supervision Participation: Based on observation at 1:11 p.m., S22 failed to devote her time to the supervision of twenty-one children, in two adjoining classrooms, during their nap-time. Specialist entered the classroom, where there was one group of twelve, 1 to 2-year-old-children, and observed S22 asleep while sitting against a wall, on top of a shelving unit with her legs laid across the top. S22 was also in charge of supervising nine, 3

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to 5-year-old-children, in the adjoining room. Specialist alerted S21 to the classroom, where she entered and woke S22.

Corrective Action Plan: Effective 8/9/2021, S20 stated she will require staff to walk and circulate sleeping children during their nap-time. She will conduct regular checks of staff during nap-time, to ensure they are supervising appropriately, to ensure this deficiency is not re-cited.

1723.A.&B.: CPR Certification

Not Met

1723.A.&B.: A. Infant and child CPR. Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in infant and child CPR through training approved by the department.

B. Adult CPR. Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in adult CPR through training approved by the department.

Finding:

1723.A.&B.: CPR Certification: Based on observation/record review at 1 p.m., S20 failed to have documentation that at least fifty percent (50%) of all staff on the premises and accessible to the children or at least four staff on the premises and accessible to children, whichever is less, have current certification in infant, child, and adult CPR through training approved by the department. 1 of 3 staff had documentation of this certification. S16 was the only staff person present with a current certification, and one additional staff with a current certification was needed.

Corrective Action Plan: Effective 8/9/2021, S20 stated she will have all staff complete infant, child, and adult CPR training no later than 9/30/2021. She will set a calendar appointment reminder to schedule future trainings prior to staff expirations, to ensure this deficiency is not re-cited.

1723.C.: Pediatric First Aid

Not Met

1723.C.: Pediatric First Aid. Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in pediatric first aid through training approved by the department.

Finding:

1723.C.: Pediatric First Aid: Based on observation/record review at 1 p.m., S20 failed to have documentation that at least fifty percent (50%) of all staff on the premises and accessible to the children or at least four staff on the premises and accessible to children, whichever is less, have current certification in pediatric first aid through training approved by the department. 1 of 3 staff had documentation of this certification. S16 was the only staff person present with a current certification, and one additional staff with a current certification was needed.

Corrective Action Plan: Effective 8/9/2021, S20 stated she will have all staff complete pediatric first aid training no later than 9/30/2021. She will set a calendar appointment reminder to schedule future trainings prior to staff expirations, to ensure this deficiency is not re-cited.

1907.E.2.: Cribs Free of Toys and Other Soft or Loose Bedding

Not Met

1907.E.2.: Cribs shall be free of toys and other soft or loose bedding, including comforters, blankets, sheets, bumper pads, pillows, stuffed animals and wedges when the child is in the crib.

Finding:

1907.E.2.: Cribs Free of Toys and Other Soft or Loose Bedding: Based on observation/record review at 1:17 p.m., C1, age infant, was asleep in her crib with a blanket covering her. S21 removed the blanket from the crib. This deficiency was previously cited 7/13/2021.

Corrective Action Plan: Effective 8/9/2021, S20 stated she will hang sign-age on the wall above all infant cribs that reads "No blankets or loose bedding" as visual reminder for staff. This will be completed by 8/11/2021, to ensure this deficiency is not re-cited.