

## Statement of Deficiencies

### 1509-A.8. a-b: Behavior Management Policy

Not Met

#### 1509-A.8. a-b: Behavior Management Policy

Each center shall develop and implement a written behavior management policy describing the methods of behavior guidance and management that shall be used at the center.

The behavior management policy shall prohibit children from being subject to any of the following:

- i. physical or corporal punishment which includes but is not limited to yelling, slapping, spanking, yanking, shaking, pinching, exposure to extreme temperatures or other measures producing physical pain, putting anything in the mouth of a child, requiring a child to exercise, or placing a child in an uncomfortable position.
- ii. verbal abuse, which includes but is not limited to using offensive or profane language, telling a child to "shut up", or making derogatory remarks about children or family members of children in the presence of children;
- iii. the threat of a prohibited action even if there is no intent to follow through with the threat;
- iv. being disciplined by another child;
- v. being bullied by another child;
- vi. being deprived of food or beverages;
- vii. being restrained by devices such as high chairs or feeding tables for disciplinary purposes; and
- viii. having active play time withheld for disciplinary purposes, except timeout may be used during active play time for an infraction incurred during the playtime.

#### Finding:

1509-A.8. a-b.vii: Based on observations: Provider used a prohibited method of discipline as a child was restrained by devices such as high chairs. Specialist observed S9 place each child in her class down on a mat for a nap. Specialist returned and observed that one child (age one) had been removed from the mat and placed in a high chair. Specialist inquired with S9 as to why this child was now in a high chair. S9 stated she was unsure. Specialist spoke to S1 about the child being in a high chair. S1 stated that she placed the child in the high chair because S9 was trying to get the children in the class to lay down for a nap; however, this child would not lay down and stay on the mat. S1 stated she placed him in the high chair in view of S9 until she could rub his back to put him to sleep. Specialist advised S1 that high chairs and any other restraint device could not be used in this manner. S1 stated she understands.

### 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: 12 children age 2 with 1 staff. The required ratio for children of this age is 11 children per 1 staff person. Upon arrival, Specialist observed S3 supervising a class of 12 two year old children. Specialist left the room and returned about 5 minutes later and observed S10 assisting in the supervision of the class. S1 and S10 each stated that S10 had been present in this classroom; however, S10 stepped away briefly to get something together for another class. Specialist observed that child to staff ratio was met prior to departure.

## Statement of Deficiencies

### 1807-C.: CCCBC-Based Determinations of Eligibility for Visitors and Contractors

Not Met

1807-C.: C. An early learning center shall obtain a CCCBC-based determination of eligibility for child care purposes from the department for each visitor or independent contractor of any kind, and shall have documentation of said determination available at all times for inspection upon request by the licensing division, unless the visitor or independent contractor, other than therapeutic professionals as defined in §103, will be accompanied at all times while at the center when children are present, by an adult staff member who is not being counted in child-to-staff ratios. The center shall have documentation of said determination of eligibility, or documentation of the accompanying staff member, available at all times for inspection upon request by the Licensing Division.

#### Finding:

1807-C. Based on observations/record review/interview(s): A CCCBC-based determination of eligibility for child care purposes from the department was not obtained for each independent contractor, prior to the person being present at the center or performing services as evidence by: Specialist observed O1 present and unsupervised in the center on September 10, 2018. Specialist observed S1 request a copy of O1's CBC from O1. S1 stated that O1 did previously provide a copy of her CBC to the center; however, S1 stated she could not locate the form. Specialist observed O1 provide S1 a current copy of her CBC prior to Specialist departure.

### 1911-E: Daily Reports for Infants

Not Met

1911-E: Daily Reports for Infants. Written reports that include the liquid intake, food intake, disposition, bowel movements and eating and sleeping patterns shall be given to the parents of infants on a daily basis. Reports shall be kept current throughout the day.

#### Finding:

1911-E Based on record review/interview(s): The provider lacked a daily written report for 7 of 10 infants. Specialist found that the infant daily report were completed for 3 infants. S4 and S5 each stated that the center was out of copies of the form. S4 and S5 showed the Specialist a board that documented the next feeding as well as a sheet of paper the they were documenting times of feedings; however, this sheet did not include food intake, liquid intake, disposition, bowel movements, and eating and sleeping patterns for each child. S1 provided additional forms and this requirement was met prior to Specialist departure.