

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 four children are present.
 2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
 3. The department's form noting required child-to-staff ratios shall be posted in each room included in the center's licensed capacity.
 4. Minimum child-to-staff ratios for type II and type III centers are as follows.

Ages of Children	Ratio
Infants under 1 year	5:1
1 year	7:1
2 years	10:1
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 two, three, four and five.
 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 five and older.

Finding:

1711.A.&B.&D.&G: Based on observation at approximately 3:00 p.m., S3, S4 and S6 failed to meet the required child to staff ratio.

-S3 was observed on the center playground supervising responsible for nine 1-year-olds alone. S4 who was partnered with S3 left the play yard and went inside of building #1 leaving S3 alone. The required ratio for children of this age is seven children per 1 staff person. An additional staff was needed. S4 returned to her class and corrected the ratio.

-S6 was observed alone supervising eight 1 to 2-year-olds. The required ratio for children of this age is seven children per 1 staff person. An additional staff was needed.

Corrective Action Plan: Effective 9/19/2022, S1 stated she will re-train all staff on the importance of ensuring that ratio is maintained by 10/7/2022. S1 will also check the classrooms daily to ensure the ratios are accurate to ensure compliance with this regulation.

1723.A.&B.: CPR Certification - Infant/Child

Not Met

- 1723.A.&B.: A. Infant and child CPR. All staff members on the premises of a center and accessible to children shall have current certification in infant and child CPR through training approved by the department.
- B. Adult CPR. All staff members on the premises of a center and accessible to children shall have current certification in adult CPR through training approved by the department.
- CPR Certification

Finding:

1723.A.&B.: Based on record review at approximately 3:45 p.m., S1 failed to have documentation that all staff on the premises and accessible to the children have current certification in infant and child CPR through training approved by the department. The center provides care for children eight years and older and failed to have documentation that all staff members on the premises and accessible to children was currently certified in Adult CPR through training approved by the department. This could not be corrected during the inspection.

Corrective Action Plan: Effective 9/19/2022, S1 stated she will schedule all required staff for training by 10/7/2022, and have the training completed on or by 12/7/2022. S1 will add a calendar reminder 60 days prior to the expiration of certification of existing staff to ensure compliance with this regulation.

1723.C: Pediatric First Aid

Not Met

1723.C: C. All staff members on the premises of a center and accessible to children shall have current certification in pediatric first aid through training approved by the department.

Finding:

1723.C Based on record review at 3:45 p.m., S1 failed to have documentation that all staff on the premises and accessible to the children have current

Statement of Deficiencies

certification in pediatric first aid through training approved by the department. This could not be corrected during the inspection.

Corrective Action Plan: Effective 9/19/2022, S1 stated she will schedule all required staff for training by 10/7/2022, and have the training completed on or by 12/7/2022. S1 will add a calendar reminder 60 days prior to the expiration of certification of existing staff to ensure compliance with this regulation.
