

## 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.

C. The department's form noting required child-to-staff ratios shall be posted in each room included in the center's licensed capacity.

D. 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.&G Based on observation at approximately 12:33 p.m., S1 failed to meet the required child to staff ratio for children. During a walk-through of the center, S7 was observed with six 3-month-old to 1-year-old children. This was corrected at 1:09 p.m. when S3 returned to the classroom.

Corrective Action Plan: Effective 10/12/2022, S1 stated she will conduct a staff meeting to discuss ratios and have a notice posted to remind them if they need to leave for any reason to ensure compliance with this regulation.

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### 1719.A.-C.: Orientation Training

Not Met

1719.A.-C.: A. Within seven calendar days of the first day present at the center, and prior to assuming sole responsibility for any children, each staff member shall receive center-specific orientation to the policies and practices of the center that at a minimum shall include information on the center:

1. child abuse identification and reporting, including phone numbers for mandatory reporting and suspected child abuse and neglect;
2. location of emergency exits and emergency preparedness plans;
3. handling of emergencies due to food/allergic reactions;
4. location of first-aid supplies;
5. list of children with allergies and special needs;
6. identification of critical staff including but not limited to staff trained in CPR and first aid and staff who can administer medicine;
7. child release policies and restrictions;
8. child-to-staff ratio policies;
9. daily schedules;
10. opening policy;
11. closing policy; and
12. transportation policy and vehicle inspection procedures.

B. Within seven calendar days of the first day present at the center, and prior to assuming sole responsibility for any children, each staff member shall complete the LDE Key Training Module 1 and the DCFS online Mandated Reporter Training. Key Training Module 1 shall at a minimum include information on the following:

1. general emergency preparedness, including natural disasters and man-caused events;
2. professionalism;
3. health and safety, which includes: daily observations, supervision regulations, daily attendance, child to staff ratios, improper discipline, prohibited discipline, prevention of shaken baby syndrome, prevention of abusive head trauma and child maltreatment, food safety, choking risks recognition and reporting of child abuse and neglect;
4. administration of medication consistent with standards for parental consent;
5. prevention and response to emergencies due to food and allergic reactions;
6. appropriate precautions in transporting children, if applicable;
7. public health policies, prevention and control of infectious diseases, including immunization information;
8. handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
9. pediatric first aid and cardiopulmonary resuscitation (CPR);
10. prevention of sudden infant death syndrome and use of safe sleep practices;
11. outdoor play practices;
12. environmental safety; and
13. building and physical premises safety, including identification of and protection from hazards, bodies of water and vehicular traffic;
14. child release practices; and
15. critical incident practices and licensing regulations

C. Within 30 calendar days of the first day present at the center and prior to assuming sole responsibility for any children, each staff member shall complete the LDE Key Orientation Training Modules 2 and 3, that at a minimum shall include information on the following:

1. child development;
2. child guidance;
3. learning activities;
4. health and safety; and
5. early learning development standards.

#### Finding:

1719.A.-C. Based on record review at approximately 12:50 p.m., S1 failed to have documentation that S7 (date of hire 9/26/2022), received orientation within seven days of the first day present at the center and prior to having sole responsibility for any children. S7's file did not contain documentation of the LDE Key Orientation Module 1 or DCFS online Mandated Reporter Training.

Corrective Action Plan: Effective 10/12/2022, S1 stated she will create a checklist on all staff files to include the required trainings to ensure compliance with this regulation.

### 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 the center is administering medication or not, each early learning center shall have at least two staff members trained in medication administration and at least one trained staff member on the premises during the hours of operation. A staff member who is a licensed practical nurse (LPN) or registered nurse (RN) with a valid nursing license shall be considered to have medication administration training.

C. Such training shall be completed every two years with an approved child care health consultant.

D. Documentation of current completion of such training shall be maintained by the center and shall be available for on-site inspection, whether as hard copies or in electronic form, upon request by the department.

## ***Statement of Deficiencies***

### **Finding:**

1725.A.-D. Based on record review at approximately 12:43 p.m., S1 failed to have at least two staff members trained in medication administration, whether the early learning center administers medication or not. Training is required every two years. S5's training expired on 6/20/2022. S1 stated S5 is scheduled to complete the class on 10/22/2022.

Corrective Action Plan: Effective 10/12/2022, S1 stated she will get a third staff member trained to ensure compliance with this regulation.

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