

## 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:

711.A.B.&D: Based on observation at 10:37am, S2 failed to meet the required child to staff ratio for children of the following ages: 10 children age 1-2 with 1 staff as evidenced by S2 left her 5 one year old children outside on the playground with S1 and her 6 one-two year old children to bring C2, a 1 year old child inside to S4 due to behavior problems on the playground. The required ratio for children of this age is 7 children per 1 staff person.

### 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. Based on record review at 12:15 pm, S4 did not 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 4 staff had documentation of this certification. S4 only has certification for CPR/AED but not First Aid.

S6 was also cited pediatric First Aid on 9/4/19 and 9/24/19.

### 1901.J.&K.: Items That Can be Harmful to Children

Not Met

1901.J.&K.: J. Items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils, shall kept in a locked cabinet or other secure place that ensures they are inaccessible to children.

K. Plastic bags, when not in use, regardless of purpose or use, shall be made inaccessible to children.

#### Finding:

1901.J: Based on observation at 10:30am, Items that can be harmful to children, such as Clorox cleaning wipes and 4 packages of diaper wipes were not kept in a locked cabinet or other secure place that ensures they are inaccessible to children. S4 secured during the visit.

### 1917.F.: Topical

Not Met

1917.F.: Topical. The center shall not apply topical ointments, sprays or creams without a written authorization signed and dated by the parent.

#### Finding:

1917.F. Based on interviews at 11:30am in reference to incident dated 10/7/19, S5 stated that she applied Desitin, A&D ointment and Nystatin on C1 a one year old for continuous diaper rashes she had while enrolled at the center.

## ***Statement of Deficiencies***

### **1917.H.: Medication Administration Records**

**Not Met**

1917.H.: Records. Medication administration records shall be maintained for all children regardless of who administers the medication. Records shall include the following:

1. name of the child and medication name and dosage administered;
2. date and time medication administered;
3. documentation of telephone contact with parent prior to giving "as needed" medication;
4. signature of person administering medication or witnessing the child administering own medication;
5. signature of person completing the form; and
6. when a parent administers medication to his/her own child on center premises, the medication administration record shall be documented by either the parent or a staff member.

### **Finding:**

1917.H. Based on interviews at 12:20pm in reference to incident dated 10/7/19, S5 did not maintain medication administration records verifying medication was given according to the doctor's authorization as evidenced by S5 stated that she applied Nystatin (prescribed diaper rash cream) to C1's buttocks for diaper rash. C1 is a one year old. S5 stated that she did not know when she started or stopped using the ointment. S5 does have the medication administration training that will expire on 6/22/21.

---