

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: Based on observations and interviews at 11:45 AM on 12/14/2020, center staff failed to meet the required child to staff ratio for children of the following ages: 10 infants with 1 staff, S5. The required ratio for children of this age is 5 children per 1 staff person. S6 returned to the classroom while Specialist was present in the room. S6 stated she left the class, briefly, to use the restroom. Specialist observed Child to Staff Ratio was met prior to departure.

Corrective Action Plan: S1 stated she will remind staff to call the office when they need to leave the classroom to ensure this deficiency is not cited again.

1711.M.: Special Needs Children - Minimum Child to Staff Ratio

Not Met

1711.M.: Special Needs Children - Minimum Child to Staff Ratios. When the nature of a child with special health care needs or the number of children with special health care needs warrants added care, the center shall add sufficient staff as necessary.

Finding:

1711.M. Based on interview(s) at 12:00 PM on 12/14/2020, S1 provider failed to add sufficient staff as necessary to compensate for the special health care needs of children in care as C1, a three-year-old child with autism, attended the center and would often strip naked due to being overly stimulated. C1 also began banging her head on the center walls and floor causing bruises to herself. The three-year-old class averaged 20 to 21 children per day with 2 staff members. In order to accommodate C1's special needs, an additional staff member should have been added to this classroom.

Corrective Action Plan: Effective 12/14/2020, S1 stated if another child with Specialist needs enrolls in the center, she will ensure an additional staff is added to that child's class if needed to ensure this deficiency is not cited again.

1723.D.: Certification - More Than One Building

Not Met

1723.D.: When a center has more than one building, each building shall have at least one staff member present at all times certified in the CPR and First Aid appropriate for the age of the children present in the building.

Finding:

1723.D. Based on observations, record review, and interview at 1:15 PM on 12/14/2020, S1 failed to have at least one staff member present in Building #2 with documentation of certification in CPR and First Aid. S11 and S12 were the only staff in Building #2; however, neither is currently certified in CPR or PFA. S1 corrected prior to Specialist departure.

Corrective Action Plan: Effective 12/14/2020, S1 stated she will switch the staff in Building #2 to ensure at least one staff in that building is certified in CPR and First Aid. She has also scheduled CPR and PFA training for all staff to ensure this deficiency is not cited again.

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1915.B.&C.: Health Services - Parental Notification

Not Met

1915.B.&C.:

B. Reporting. Incidents, injuries, accidents, illnesses, and unusual behavior shall be documented and reported to the parent no later than when the child is released to the parent or authorized representative on the day of the occurrence.

C. Immediate Notification. The parent shall be immediately notified in the following circumstances:

1. blood not contained in an adhesive strip;
2. head or neck or eye injury;
3. human bite that breaks the skin;
4. animal bite;
5. impaled object;
6. broken or dislodged teeth;
7. allergic reaction skin changes (e.g. rash, spots, swelling, etc.);
8. unusual breathing;
9. symptoms of dehydration;
10. temperature reading over 101° oral, 102° rectal, or 100° axillary; or
11. injury or illness requiring professional medical attention.

Finding:

1915:B&C: Based on interviews on 12/14/2020 at 1:00 PM, center staff failed to have documentation of incidents which occurred in the center involving C1, a three-year-old child with autism. S1 and S7 stated C1 would often have meltdowns in class where she would remove her clothing, yell, throw toys, bite, or hit her head on the walls and floor causing bruising. S1 stated incident report forms were not completed; however, she would contact C1's mother immediately regarding these incidents as soon as they occurred. S1 stated she also discussed these incidents with C1's mother via text message; however, she no longer has these messages as C1 is no longer enrolled in the center.

Corrective Action: Effective 12/14/2020, S1 stated she will complete a training with all staff regarding this regulation to ensure it is not cited again.
