

Statement of Deficiencies

1103.A.-D.: Critical Incidents and Required Notifications

Not Met

1103.A.-D.: An early learning center shall make immediate notification to emergency personnel, law enforcement as applicable, and other appropriate agencies for the following types of critical incidents involving children in care:

1. death;
 2. serious injury or illness that required medical attention;
 3. reportable infectious diseases and conditions listed in LAC 51.II.105; and
 4. any other significant event relating to the health, safety, or well-being of any child, including but not limited to a lost child, an emergency situation, fire or other structural damage, or closure of the center.
- B. The parent shall be contacted immediately following any immediate notifications made under Subsection A.
- C. The department and other appropriate agencies shall be notified via email within 24 hours of the incident.
- D. The department shall be notified by written report within 24 hours of the incident or the next business day. This written notification shall be made on the department's Critical Incidents Report Form and shall contain all information requested on the form.

Finding:

1103.A.-D. Based on interview(s) on 1/11/2021, at 11:00 AM, center staff failed to report allegations of abuse to the Department and Child Welfare as on 12/24/2020, O2 and O3 alleged O2 witnessed S1 pull C1, age two-years-old, by the arm and spank her to S1. S1 stated O2 dropped C1 off at the center at 6:45 AM, then abruptly removed her from care at 7:00 AM, slamming the door behind him. She stated 10 minutes later, O3 came to the center and angrily accused her of having hit C1. O2 stated he was angry when he removed C1 and advised S1 that he witnessed her spank and verbally abuse C1 by calling her nasty and disgusting after she vomited due to crying. S5 stated neither O1, O2, nor O3 attempted to speak to him regarding this incident; however, Specialist received a recording of a conversation between O1 and S5 reported to have occurred on 12/28/2020, in which O1 stated to S5 that O2 observed S1 pick C1 up by the arm and smack her on her butt as a result of her crying. She also stated S1 told C1 she was disgusting because she vomited on the center floor. O1 stated if action was not taken, she would pursue pressing charges against S1. S5 stated, in this recording, that he would look into the allegation. This allegation was not reported to the Department or Child Welfare; however, Child Welfare came to the center on 1/8/2020 to investigate this allegation.

Corrective Action Plan: Effective 1/11/2021, S2 stated she will familiarize herself with this regulation to ensure this deficiency is not cited again.

1509.A.1.: Child Abuse and Neglect Policy

Not Met

1509.A.1.: Child Abuse and Neglect Policy

- a. As mandated reporters, all staff and owners shall report any suspected abuse or neglect of a child to the Louisiana Child Protection Statewide Hotline 1-855-4LA-KIDS (1-855-452-5437);
- b. An early learning center shall not delay the reporting of suspected abuse or neglect to the Child Protection Statewide Hotline in order to conduct an internal investigation to verify the abuse or neglect allegations; and
- c. An early learning center shall not require staff to report suspected abuse or neglect to the center or management prior to reporting it to the Child Protection Statewide Hotline.

Finding:

1509.A.1: Based on interviews and record review on 1/11/2021, at 11:00 AM, although mandated reporters, staff did not report suspected abuse/neglect of a child to the Child Protection Statewide Hotline as on 12/24/2020, O2 and O3 alleged O2 witnessed S1 pull C1, age two-years-old, by the arm and spank her to S1. S1 stated O2 dropped C1 off at the center at 6:45 AM, then abruptly removed her from care at 7:00 AM, slamming the door behind him. She stated 10 minutes later, O3 came to the center and angrily accused her of having hit C1. O2 stated he was angry when he removed C1 and advised S1 that he witnessed her spank and verbally abuse C1 by calling her nasty and disgusting after she vomited due to crying. S5 stated neither O1, O2, nor O3 attempted to speak to him regarding this incident; however, Specialist received a recording of a conversation between O1 and S5 reported to have occurred on 12/28/2020, in which O1 stated to S5 that O2 observed S1 pick C1 up by the arm and smack her on her butt as a result of her crying. She also stated S1 told C1 she was disgusting because she vomited on the center floor. O1 stated if action was not taken, she would pursue pressing charges against S1. S6 stated, in this recording, that he would look into the allegation.

Corrective Action Plan: Effective 1/11/2021, S2 stated she will complete a staff retraining regarding this regulation to ensure this deficiency is not cited again.

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: Based on interviews and record review at 11:00 AM on 1/11/2021, S1 and S3 used a prohibited methods of discipline as S1 subjected a child to physical punishment/corporal punishment and both S1 and S4 submitted a child to verbal abuse. O2 stated on 12/24/2020, he arrived at the center to drop C1, age two-years-old, off at 6:45 AM. C1 was brought into the center crying and released to S1. Due to C1's crying, O2 looked into the window as he prepared to leave and observed S1 pull C1 by one arm and spank her on her bottom 3 times before dragging her to the kitchen. O2 stated he quietly re-entered the center and observed S1 yelling at C1, who had vomited on the kitchen floor at this point, and calling her nasty and disgusting. He stated told S1 what he saw her do and immediately removed C1 from the center. According to the sign in sheet, C1 was signed in at 6:45 AM and out at 7:00 AM on 12/24/2020. S1 stated she only drug C1 by the arms to the kitchen.

On 1/11/2021 at 12:00 PM, Specialist witnessed S4 yell at a child who was refusing to lay on his mat. When Specialist reminded S4 of this regulation, she stated she is aware of it and apologized for her actions.

Corrective Action Plan: Effective 1/11/2021, S2 stated she will complete a staff retraining regarding this regulation to ensure this deficiency is not cited again.

1509.A.9.: Electronic Devices Policy

Not Met

1509.A.9.: Electronic Devices Policy that provides that all activities involving electronic devices, including but not limited to television, movies, games, videos, computers and hand held electronic devices, shall adhere to the following limitations:

- a. electronic device activities for children under age two are prohibited; and
- b. time allowed for electronic device activities for children ages two and above shall not exceed two hours per day, with the exception that television, DVD, or video viewing shall be limited to no more than one hour per day;

Finding:

1509.A.9. Based on observations/record review/interview(s) on 1/11/2020 at 9:30 AM: Though the center has an electronic devices policy, S3 failed to follow it as electronic devices were used by children under age 2. Specialist observed S3 using the television with a class of 5 children which contained one-year-olds.

Corrective Action Plan: Effective 1/11/2021, S2 stated she will complete a staff retraining regarding this regulation to ensure this deficiency is not cited again.

1707.A.1.&2.: Required Staffing - Director or Director Designee

Not Met

1707.A.1.&2.: Director or Director Designee. Each center shall have a qualified director or qualified director designee.

1. The director or director designee shall be an on-site, full-time staff person at the center during the daytime hours of operation (prior to 9 p.m.). When the director is not an on-site full-time employee at the licensed location, there shall be a qualified director designee who is an on-site full-time employee at the licensed location.
2. The director or director designee shall be responsible for planning, managing, and controlling the center's daily activities, as well as responding to parental concerns and ensuring that minimum licensing requirements are met.

Finding:

1707.A.2: Based on interviews, record review, and observations at 11:00 AM on 1/11/2021, the center failed to have a qualified director who is responsible for planning, managing, and controlling the center's daily activities, as well as responding to parental concerns and ensuring that minimum

Statement of Deficiencies

licensing requirements are met. Specialist found S1, the current qualified director designee, does not act as the director; however, S2, who is not currently qualified, does. S1 stated she is more of a floater. S2 stated the current director, S6, has not worked in several months. S2 stated she is in the process of qualifying as the director.

Corrective Action Plan: Effective 1/11/2021, S2 stated she will ensure her documentation to qualify as the director is submitted and approved as soon as possible.

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: Based on record review and interviews at 11:00 AM on 1/11/2021, center staff failed to have a minimum of 2 child care staff present at an early learning center when more than one child is present. Specialist reviewed the center attendance records and found S1 is the only staff present in the morning prior to 7:30 AM. Specialist found on 12/24/2020, prior to 7:30 AM, S1 was alone with 4 children. On 1/5/21, she was alone with 7 children, on 1/6/21, she was alone with 7 children, on 11/7/2021, she was alone with 7 children, on 1/8/2021, she was alone with 5 children, and on 1/11/2021 she was alone with 7 children.

Corrective Action Plan: Effective 1/11/2021, S2 stated she will adjust the staff schedule to meet this requirement to ensure this deficiency is not cited again.

1723.A.&B.: CPR Certification

Not Met

1723.A.&B.: A. Infant and child CPR. 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 infant and child CPR through training approved by the department.

B. Adult CPR. 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 adult CPR through training approved by the department.

Finding:

1723.A&B: Based on record review and interviews at 11:00 AM on 1/11/2021, the center failed to have documentation that at least 50% of staff present and accessible to children have CPR certification at all times. Specialist reviewed the center attendance records and found S1 is the only staff present in the morning prior to 7:30 AM. Specialist found on 12/24/2020, prior to 7:30 AM, S1 was alone with 4 children. On 1/5/21, she was alone with 7 children, on 1/6/21, she was alone with 7 children, on 11/7/2021, she was alone with 7 children, on 1/8/2021, she was alone with 5 children, and on 1/11/2021 she was alone with 7 children. S1 does not have documentation of CPR Certification Training.

Corrective Action Plan: Effective 1/11/2021, S2 stated she will schedule a staff member with current CPR training to come in with S1 at 6:30 AM to ensure this deficiency is not cited again.

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.

Statement of Deficiencies

Finding:

1723.C: Based on record review and interviews at 11:00 AM on 1/11/2021, the center failed to have documentation that at least 50% of staff present and accessible to children have PFA certification at all times. Specialist reviewed the center attendance records and found S1 is the only staff present in the morning prior to 7:30 AM. Specialist found on 12/24/2020, prior to 7:30 AM, S1 was alone with 4 children. On 1/5/21, she was alone with 7 children, on 1/6/21, she was alone with 7 children, on 11/7/2021, she was alone with 7 children, on 1/8/2021, she was alone with 5 children, and on 1/11/2021 she was alone with 7 children. S1 does not have documentation of PFA Certification Training.

Corrective Action Plan: Effective 1/11/2021, S2 stated she will schedule a staff member with current CPR training to come in with S1 at 6:30 AM to ensure this deficiency is not cited again.

1907-F.1.-5.: Prohibited Items

Not Met

1907-F.1.-5.: Prohibited Items

1. Infant walkers;
2. Toy chests, storage bins and other equipment with attached lids;
3. Latex balloons for children under age 3;
4. Trampolines; and
5. Culverts.

Finding:

1907-F.1.-5. Based on observations on 1/11/2021, at 9:30 AM, center staff have an infant walker in the center located in classroom #2. Upon arrival, Specialist observed a one-year-old girl using an infant walker in classroom #2.

Corrective Action Plan: Effective 1/11/2021, S2 stated she will remove the infant walker as soon as possible to ensure this deficiency is not cited again.

1919.A.&B.: Food Service and Nutrition - Menu

Not Met

1919.A.&B.: A. All meals and snacks provided by the center, and their preparation, service and storage, shall meet the requirements for meals of the U. S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), 7 CFR 226.20, and LAC 51:XXIII.

B. The weekly menu shall:

1. be planned for each day of the week and list the specific food items served;
2. be prominently posted by the first day of each week and remain posted throughout the week; and
3. have substitutions or additions posted on or near the menu.

Finding:

1919.A&B: Based on observations and record review at 11:45 AM on 1/11/21, menu substitutions or additions were not posted on or near the menus as the posted menu read Spaghetti and red gravy, green beans, bread and butter, Jell-O, and milk would be served for lunch. Specialist observed corn was substituted for green beans, orange juice was substituted for milk, and no Jell-O was served. The center's meals and snacks including their preparation, service and storage, as specified under the Child Care Food Program of the United States Department of Agriculture, were not provided. Milk and a second serving of fruit or vegetables was needed to meet the requirements.

Corrective Action Plan: Effective 1/11/2021, S2 stated she will familiarize herself with this regulation and ensure the menu meets all requirements to ensure this deficiency is not cited again.