

Statement of Deficiencies

1715.A.2.: Photo Identification

Not Met

1715.A.2.: Personnel files for each staff member shall be maintained at the center and shall include the following:

2. copy of a state or federal government issued photo identification;

Finding:

1715.A.2. Based on record review/interview: Specialist observed during a review of staff files on 1/27/2020 at 11:15am, S1 did not have a copy of S5 and S7's state or federal government issued photo identification available for review.

Corrective Action Plan: S1 photocopied S5's ID and will photocopy S7's ID at her return on 1/28/2020.

1719.A.&B.: Orientation Training

Not Met

1719.A.&B.: 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 orientation to the policies and practices of the center that at a minimum shall include:

1. child abuse identification and reporting;
2. emergency preparation;
3. licensing regulations; and
4. safe sleep practices.

B. Within 30 calendar days of date of hire, each staff member shall receive orientation to the additional policies and practices of the center that at a minimum shall include:

1. child development;
2. child guidance;
3. learning activities;
4. health and safety;
5. shaken baby prevention; and
6. CPR and first aid, as applicable.

Finding:

1719.A.&B. Based on record review/interview: On 1/27/2020 at 11:30am, Specialist observed S1 lacked documentation that 2 of 6 staff, S6 and S8, received orientation within seven days of the first day present at the center, prior to having sole responsibility for any children, and the additional orientation to be completed within thirty days of date of hire. S6 and S8's date of hire is 11/26/2019.

Corrective Action Plan: S1 stated she will document completion of S6 and S8's orientation on 1/28/2020 and will document all new staff's completion of the seven day and 30 day orientation at their time of hire beginning 1/28/2020.

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/interview: S1 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 infant, child, and adult CPR through training approved by the department. During a visit on 1/27/2020, 3 of 7 staff had documentation of this certification. Specialist observed S2 leave the center premises from 11:30am until 1:00pm. S1 and S6 were the only staff with a current certification out of six staff present. S1 needed two additional staff while S2 was present and one additional staff while S2 was off the premises.

Corrective Action Plan: S1 stated S4, S7, and S8 are scheduled to complete the infant, child, and adult CPR training on 2/19/2020.

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/interview: S1 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. During a visit on 1/27/2020, 3 of 7 staff had documentation of this certification. Specialist observed S2 leave the

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center premises from 11:30am until 1:00pm. S1 and S6 were the only staff with a current certification out of six staff present. S1 needed two additional staff while S2 was present and one additional staff while S2 was off the premises.

Corrective Action Plan: S1 stated S4, S7, and S8 are scheduled to complete pediatric First Aid training on 2/19/2020.

1901.C.: End-of-Day Check

Not Met

1901.C.: The entire center and play yard shall be checked after the last child departs to ensure that no child is left at the center and this check shall be documented. Documentation shall include date, time of visual check, and signature of the staff conducting the visual check.

Finding:

1901.C. Based on record review/interview: On 1/27/2020 at 11:00am, Specialist observed S1's end of day check did not include the date, time of visual check, and signature of the staff conducting the visual check for dates 11/19/2019 and 1/17/2020. S1 confirmed the center was open and operating with children present on these dates.

Corrective Action Plan: S1 stated beginning 2/1/2020, she will include one month on each record form and will pre-fill the dates needed to prevent errors in documentation. S1 will also review with all closing staff how to correctly complete and document the end-of-day checks on the record form.

1901.M.: Strings and Cords

Not Met

1901.M.: Strings and cords, including but not limited to those found on equipment, window coverings, televisions and radios, shall be inaccessible to children under age 4.

Finding:

1901.M. Based on observation/interview: Strings and cords were accessible to children under age 4. Specialist observed on 1/27/2020, at 10:22am, in S3's classroom, a radio cord was hanging and accessible to five 1 year old children. S3 corrected by removing the radio and placing it where the cord was not hanging and accessible to the children.

Corrective Action Plan: S1 stated beginning 1/28/2020, she will complete walk-through spot checks in the classrooms to ensure there are no cords accessible to the children under age 4.

1911.K.: Hand Washing

Not Met

1911.K.: Staff and children shall wash their hands using soap at least at the following times: upon arrival at the center, before preparing or serving meals, before giving medication, after playing in water used by more than one person, after toileting, after helping a child use a toilet or changing diapers, after wiping noses or cleaning wounds, after handling pets and other animals, after playing in sandboxes, before eating meals or snacks, upon coming in from outdoors, after cleaning or handling garbage and anytime hands become soiled with body fluids, such as urine, saliva, blood or nasal discharge.

Finding:

1911.K. Based on observations/interview: S5 did not wash her hands with soap and water as needed. Specialist observed on 1/27/2020 at 10:20am, S5 change an infant's diaper on the changing table and did not wash her hands before placing the child on the floor with a toy and using a pen to document on the infant daily report form. S5 corrected by washing her hands in the sink in the room.

Corrective Action Plan: S1 stated she will review with staff appropriate hand washing during the next staff meeting on 1/29/2020.

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.B. Based on observation: Menu substitutions or additions were not posted on or near the menus as Specialist observed on 1/27/2020 at 12:00pm, the children were served green peas and peaches, and the menu posted for the day included carrots and crushed pineapples.

Corrective Action Plan: S1 stated she will begin including a post it note documenting daily menu substitutions at the start of the day beginning 1/28/2020.