

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 record review/interview at 11:05 am, S1 failed to notify the Department within 24 hours of being notified by Child Welfare of the following incident: On 1/20/2020, O3 came to the center to conduct an investigation referencing allegations made against S8. According to S1, she was informed that S8 allegedly had encouraged a group of 3 to 4 year olds to hit C2, a 3 year old, after he allegedly hit and bit another child. S8 was also alleged to have placed C1, a 3 year old, in an office alone without supervision for timeout.

Corrective Action Plan: S8 stated effective 01/30/2020 any critical incidents that occur or that they are notified of by an outside agency will be submitted to the Department within 24 hours of being advised of the incident.

1515.A.1.: Child Records and Cumulative Files

Not Met

1515.A.1.: A cumulative file shall be maintained on each child that shall include the following records:

1. An information form signed and dated by the parent and updated as changes occur, that contains:
 - a. name of child, date of birth, sex, date of admission;
 - b. name of parents and the home address of both child and parents;
 - c. phone numbers where parents may be reached while child is in care;
 - d. name and phone number of person to contact in an emergency if parents cannot be located promptly;
 - e. name and telephone number of child's physician, if applicable;
 - f. name and telephone number of the child's dentist, if applicable;
 - g. any special concerns, including but not limited to allergies, chronic illnesses, and any special needs of the child, if applicable;
 - h. any special dietary needs, restrictions or food allergies or intolerances, if applicable. See Paragraph 4;

Finding:

1515.A.1. Based on record review 11:40 am, S1 failed to have documentation that a cumulative file was obtained for C4, a 4 year old, that contained the following information: name of child, date of birth, sex, date of admission, name of parents and the home address of both child and parents, phone numbers where parents may be reached while child is in care, name and phone number of person to contact in an emergency if parents cannot be located promptly, name and telephone number of child's physician, if applicable, name and telephone number of the child's dentist, if applicable, any special concerns, including but not limited to allergies, chronic illnesses, and any special needs of the child, if applicable, and any special dietary needs, restrictions or food allergies or intolerances, if applicable. Specialist was advised by S1 that C4 was the child of S6, but was not enrolled at the center. S1 stated she was only in the center because S6 came in to work in the center due to staff shortage and C4 was supposed to have been picked up by a family member. S6 completed a mastercard for C4.

Corrective Action Plan: S8 stated effective 01/30/2020 she will ensure that all children present at the center have a mastercard.

1515.A.2.: Emergency Medical Treatment

Not Met

1515.A.2.: Written authorization signed and dated by the parent to secure emergency medical treatment;

Finding:

1515.A.2. Based on record review 11:40 am, S1 failed to have a written authorization to secure emergency medical treatment for C4, a 4 year old. S1 stated that she was only in the center because S6 was called into work in the center due to staff shortage and C4 was supposed to have been picked up by a family member. S1 stated C4 was not enrolled at the center. This was corrected prior to Specialist departure from the center.

Corrective Action Plan: S8 stated effective 01/30/2020 she will ensure all children's parents provide this written authorization prior to being on the premises.

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1515.A.3.: Releasing of Children

Not Met

1515.A.3.: Written authorization signed and dated by the parent noting the first and last names of individuals to whom the child may be released other than the parents, including any other early learning centers, transportation services, and any person or persons who may remove the child from the center.

- a. The parent may further authorize additional individuals via a text message, fax or email to the center in unplanned situations and follow it with a written authorization.
- b. A child shall never be released to anyone unless authorized in writing by the parent.
- c. Any additions and deletions to the list of authorized individuals shall be signed and dated by the parent.
- d. The center shall verify the identity of the authorized person prior to releasing the child.

Finding:

1515.A.3. Based on record review at 11:40 am, S1 failed to have written authorization signed and dated by S6 noting the first and last names of individuals to whom C4 may be released other than the parents, including any other early learning centers, transportation services, and any person or persons who may remove the child from the center. S1 stated that C4 was not enrolled at the center, and was only present because S6 was called into work at the center due to staff shortage. This was corrected prior to Specialist departure.

Corrective Action Plan: S8 stated effective 01/30/2020 she will ensure all children's parent provide the written authorization prior to being on the premises.

1707.C.: Administrative Duties

Not Met

1707.C.: More than 42 Children in Care. When the number of children present at an early learning center exceeds 42, the duties of the director or director designee shall consist only of performing administrative duties or there shall be an individual present whose job duties consist solely of administrative duties and of ensuring that staff members working with children do not leave their classrooms to handle administrative duties.

Finding:

1707.C. Based on interview at 11:00 am, S1's director's duties failed to consist only of administrative functions when the number of children in care exceeded 42 as evidenced by there were 55 children at the center and S1 was performing classroom duties. S1 was observed assisting S2 supervising 11 (1 year old) children.

Correction Action Plan: S8 stated effective 01/30/2020 she will ensure that the director's duties only consist of administrative duties when the number of children in care exceed 42.

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.B. Based on record review at 11:02 am, the minimum child to staff ratio failed to be met as evidence by S3 was observed supervising 20 (2 year old) children alone. S1 placed S5 in the classroom with S3 to correct the ratio issue.

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Corrective Action Plan: S8 stated effective 01/30/2020 she will ensure there is enough staff on the premises. Additional staff will be called in to cover shortages.

1713.A.&B.&C.: Supervision

Not Met

1713.A.&B.&C.: A: Children shall be supervised at all times in the center, on the playground, on field trips, on non-vehicular excursions, and during all water activities and water play activities.

B: Children shall not be left alone in any room, (except the restroom as indicated in Subsection G of this Section or when being provided services by therapeutic professionals, as defined in §103), outdoors, or in vehicles, even momentarily, without staff present.

C: A staff person shall be assigned to supervise specific children whose names and whereabouts that staff person shall know and with whom the staff person shall be physically present. Staff shall be able to state how many children are in their care at all times.

Finding:

1713.A.B. Based on observation/interview at 11:37 am, while conducting the walk through of building #2 with S1, the Licensing Specialist walked near the staff lounge and heard a child crying. S1 opened the door and C4, a 4 year old, was observed standing alone in the room crying. S1 explained C4, was the child of S6. She stated C4 was not enrolled at the center and was only at the center due to S6 being called into work because of staff shortages. S1 stated a family member was supposed to have come to pick her up. Specialist spoke with S6. She stated C4 was placed alone in the staff lounge because she was sleepy and there was a couch in the room. She stated she would check on her every 5 minutes. S6 stated when she checked on C4, she would leave her class, consisting of 13 (3 and 4 year olds) children unsupervised. S6 did not state how long C4 had been in the room alone nor did she state how long and how often the children in her class had been left alone, while she went to check on C4. S1 took C4 from building #2 and placed her in the office while she assisted with the licensing inspection.

Corrective Action Plan: S8 stated effective 01/30/2020 she will make sure that all staff understand the importance of supervising children at all times while they are on the premises. No children will be placed in any rooms alone. S8 stated supervision will be discussed as much as needed and at quarterly meetings.

1901.I.: Microwave Ovens, Bottle Warming Devices, Crock Pots

Not Met

1901.I.: Microwave ovens, bottle warming devices and crock pots are prohibited in areas accessible to children.

Finding:

1901.I. Based on observations at 11:37 am, Specialist observed C4, a 4 year old, had been placed in the staff lounge alone, where a microwave was observed to be on the counter, in reaching distance and accessible to her. S1 removed C4 from the room.

Corrective Action Plan: S8 stated effective 01/30/2020 the staff lounge will be inaccessible to children