

Statement of Deficiencies

713.A.: Office of Public Health, State Fire, City Fire Approval

Not Met

713.A.: Annual licensing inspections by the department, current approvals by the Office of Public Health, Office of State Fire Marshal, and city fire (if applicable), and academic approval by the department (if type III center) shall be required before the expiration of an existing license. However, if a center has documentation establishing that the center requested an inspection by the Office of Public Health or the Office of State Fire Marshal prior to the expiration of the existing license, these approvals may be submitted to the department within 90 calendar days of the date of the license renewal.

Finding:

713.A. Based on record review/interview: At approximately 2:48pm, S1 lacked documentation of a current annual inspection and approval from City Fire and Academic Approval. S1 attempted to locate the documents, but stated that she could not find the updated City Fire. City Fire expired on 6/30/2019. S1 stated The Department mailed her the updated Academic Approval, but she could not find it. The last approval expired on 6/30/2019.

Corrective Action Plan: S1 stated she will file all of her documents in a binder.

1507.B.: Daily Attendance Records - Staff and Owners

Not Met

1507.B.: A daily attendance record for all staff members and owners shall be maintained that shall:

1. include the first and last name of the staff member or owner and arrival and departure times;
2. accurately reflect the staff members and owners on the center premises at any given time; and
3. be used to document staff members and owners who leave and return to the center during the day

Finding:

1507.B. Based on record review/interview: At approximately 1:20pm, S1 failed to maintain documentation of a daily attendance record for Staff and Owners, to include the time of arrival and departure. S1 stated there was no documentation of staff's arrival time and departure time on 2/3/2020, 2/4/2020 and 2/5/2020 because she did not print out the log. S1 corrected the staff attendance log by printing out a blank attendance log and having staff sign in and out on the days that they worked during the week of 2/3/2020.

Corrective Action Plan: S1 stated that all staff will be required to sign in prior to cross the door leading into the center.

1807.B.: CCCBC-Based Determinations of Eligibility for Volunteers and Staff

Not Met

1807.B.: B. Volunteers and Staff. An early learning center shall obtain a CCCBC-based determination of eligibility for child care purposes from the department for each volunteer, staff member, or employee of any kind, and shall have documentation of said determination available at all times for inspection upon request by the Licensing Division.

Finding:

1807.B. Based on record review/interview: At approximately 11:11am, a CCCBC-based determination of eligibility for child care purposes from the department was not obtained for S3, prior to her being present at the center or performing services. Specialist observed S3 on the premises caring for 3 children (one-year-old). S1 stated that S3's date of hire is 2/5/2020 and she was going to complete her fingerprinting later on today. At approximately 12:49pm, S3 was observed leaving the center.

Corrective Action Plan: S1 stated that all employees with have a completed CCCBC-based determination of eligibility prior to their first day working on the premises.

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 observation/interview: At approximately 11:00am, S1 failed to have the current weekly menu listing specific food items served for each day of the week posted. Specialist observed 14 children (3 - one-year-old to 11 - four-years-old) eating red beans, rice, peas, and fruit cocktail; milk was served as well. S2 stated S1 usually emails the parents the weekly menu. S2 stated she was not emailed a copy of weekly menu; however, S1 verbally told S2 what to the serve the children for lunch.

Corrective Action Plan: S1 stated she will ensure the menu is always posted.

Statement of Deficiencies

1921.A.: Emergency Preparedness and Evacuation Planning

Not Met

1921.A.: Emergency and Evacuation Plan. The director shall consult with appropriate state and local authorities and shall establish and follow a written multi-hazard emergency and evacuation plan to protect children in the event of emergencies that at a minimum shall:

1. address any potential disaster related to the area in which the center is located;
2. include procedures for sheltering in place, lockdown and evacuation to a pre-determined site for potential threats to the safety, health and well-being of children in care;
3. include specific procedures for handling infants through two year olds, including food and formula;
4. include specific procedures for handling children with special needs, including the evacuation and transportation of children in wheelchairs;
5. include a system to account for all children;
6. include a system, and a back-up system, for contacting parents and authorized third party release caretakers;
7. include a system to reunite children and parents following an emergency;
8. include procedures for providing information about the emergency plan to parents at the time of enrollment and when changes occur;
9. be reviewed annually for accuracy and updated as changes occur; and
10. be reviewed with all staff at least once per year.
11. practice drills shall be conducted at least twice per year to include all children and shall be documented.

Finding:

1921.A. Based on record review/interview: At approximately 1:03pm, S1 failed to conduct and document practice drills at least twice per year. S1 stated that she usually documents her practice drills, but she did not complete any for 2019.

Corrective Action Plan: S1 stated she will write down when to conduct practices on the calendar.

1921.E.: Tornado Drills

Not Met

1921.E.: Tornado drills shall be conducted at least once per month in the months of March, April, May, and June at various times of the day necessary to include all children and shall be documented.

Finding:

1921.E. Based on record review/interview: At approximately 1:04pm, S1 failed to have documentation of tornado drills that were conducted at least once per month during the months of March, April, May, and June. S1 stated that she usually documents her tornado drills, but she did not complete any for 2019.

Corrective Action Plan: S1 stated she will write down when to conduct tornado drills on the calendar.
