

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 at approximately 11:38 a.m., S1 failed to have documentation of a current annual inspection and approval available during the licensing visit from the Office of Public Health, Academic Approval, and City Fire. The dates of the last inspections/approvals were unavailable as, S2 stated she cannot locate the documentation.

Corrective Action Plan: Effective 2/15/2022, S1 will post all current inspections to ensure they are available for the Specialist to view upon arrival at center so this deficiency is not cited again.

1507.A.: Daily Attendance Records - Children

Not Met

1507.A.: A daily attendance record for children shall be maintained that shall:

1. include the child's first and last name, arrival and departure times, and first and last name of person or entity to whom the child is released;
2. accurately reflect children on the center premises at any given time; and
3. be used to sign in and out if a child leaves and returns to the center during the day.

Finding:

1507.A. Based on record review at approximately 11:38 a.m., S1 failed to have documentation of a daily attendance record for children available during the licensing inspection that included the time of arrival and departure of each child and the first and last name of the person to whom the child was released. S2 stated she cannot locate the documentation from 11/30/2021 to 2/14/2022 as S1 has access to retrieve all of the center's attendance records electronically.

Corrective Action Plan: Effective 2/16/2022, S1 stated she will have the staff do written attendance for the children so this deficiency is not cited again.

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 at approximately 11:38 a.m., S1 failed to have documentation of a daily attendance record for Staff and Owners available during a licensing inspection, to include the first and last name of the all staff on premises and the time of arrival and departure from 11/30/2021 to 2/15/2022. S2 stated she cannot locate the documentation as S1 has access to retrieve all of the center's attendance records electronically..

Corrective Action Plan: Effective 2/16/2022, S1 stated she will have the staff do written attendance for the each staff so 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.1.&2. Based on observations/record review, S1 failed to have a qualified Director who is an on-site full time staff person at the center during the day time hours of operation (prior to 9:00 p.m.) and 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 as, the Director or Director Designee was not present during the licensing inspection, and there was no documentation of the Director or Director Designee attendance available for review. S2 stated she cannot locate the documentation.

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Corrective Action Plan: Effective 2/16/2022, S1 stated either her or S5 will be on the premises full-time to ensure this deficiency is not cited again.

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 four children are present.
2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
- C. The department's form noting required child-to-staff ratios shall be posted in each room included in the center's licensed capacity.
- D. Minimum child-to-staff ratios for type II and type III centers are as follows.

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 two, three, four and five.
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 five and older.

Finding:

1711.A.&B.&G Based on observation at approximately 10:50 a.m., S1 failed to meet the required child to staff ratio for children as Specialist observed the following during a walk-through of the center:

- S3 was observed with seven 1-year-olds and one 2-year-old. This group would require 2 staff members for ratio to be met.
- S2 was observed with twelve 2-year-olds and twelve 3-year-olds. This group would require 2 staff members for ratio to be met. Ratio was met when S6 came on premises at 11:39 a.m.
- 12 children ages 4 to 5-years-old with 1 staff, S4. Ratio was met prior to Specialist departure.

Corrective Action Plan: Effective 2/16/2022, S1 stated she will contact the substitutes on 2/15/2022 to ensure they are available to come in on 2/16/2022 so ratio is met so this deficiency is not cited again.

1715.A.1.&3.: Staff Records and Personnel Files

Not Met

1715.A.1.&3.: Staff Members. Personnel files for each staff member shall be maintained at the center and shall include the following:

1. an application or staff information form containing the following information:
 - a. name;
 - b. date of birth;
 - c. home address and phone number;
 - d. training,
 - e. work experience;
 - f. educational background;
 - g. hire date; and
 - h. first day onsite working with children;
3. Upon termination or resignation of employment, the last date of employment and reason for leaving;

Finding:

1715.A.1 Based on record review at approximately 12:50 p.m., S1 failed to maintain a staff record and personnel file for S4 at the center to include an application or staff information form including the name, date of birth, home address and phone number, training, work experience, educational background, hire date, and first day onsite working with children. During the licensing visit, S2 stated she could not locate the documentation. S4 stated she started at the center on 12/10/2021. During the licensing visit, S1 stated via phone S4's file is in her car.

Corrective Action Plan: Effective 2/15/2022, S1 stated she will not leave with any files and ensure all staff have access to them so this deficiency is not cited again.

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1719.A.-C.: Orientation Training

Not Met

1719.A.-C.: 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 center-specific orientation to the policies and practices of the center that at a minimum shall include information on the center:

1. child abuse identification and reporting, including phone numbers for mandatory reporting and suspected child abuse and neglect;
2. location of emergency exits and emergency preparedness plans;
3. handling of emergencies due to food/allergic reactions;
4. location of first-aid supplies;
5. list of children with allergies and special needs;
6. identification of critical staff including but not limited to staff trained in CPR and first aid and staff who can administer medicine;
7. child release policies and restrictions;
8. child-to-staff ratio policies;
9. daily schedules;
10. opening policy;
11. closing policy; and
12. transportation policy and vehicle inspection procedures.

B. 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 complete the LDE Key Training Module 1 and the DCFS online Mandated Reporter Training. Key Training Module 1 shall at a minimum include information on the following:

1. general emergency preparedness, including natural disasters and man-caused events;
2. professionalism;
3. health and safety, which includes: daily observations, supervision regulations, daily attendance, child to staff ratios, improper discipline, prohibited discipline, prevention of shaken baby syndrome, prevention of abusive head trauma and child maltreatment, food safety, choking risks recognition and reporting of child abuse and neglect;
4. administration of medication consistent with standards for parental consent;
5. prevention and response to emergencies due to food and allergic reactions;
6. appropriate precautions in transporting children, if applicable;
7. public health policies, prevention and control of infectious diseases, including immunization information;
8. handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
9. pediatric first aid and cardiopulmonary resuscitation (CPR);
10. prevention of sudden infant death syndrome and use of safe sleep practices;
11. outdoor play practices;
12. environmental safety; and
13. building and physical premises safety, including identification of and protection from hazards, bodies of water and vehicular traffic;
14. child release practices; and
15. critical incident practices and licensing regulations

C. Within 30 calendar days of the first day present at the center and prior to assuming sole responsibility for any children, each staff member shall complete the LDE Key Orientation Training Modules 2 and 3, that at a minimum shall include information on the following:

1. child development;
2. child guidance;
3. learning activities;
4. health and safety; and
5. early learning development standards.

Finding:

1719.A.-C. Based on record review at approximately 12:50 p.m., S1 failed to have documentation that 1 of 4 staff, S4, received orientation within seven days of the first day present at the center and prior to having sole responsibility for any children and additional orientation within thirty days of date of hire. During the licensing visit, S2 stated she cannot locate the documentation. S4 stated she started at the center on 12/10/2021. During the licensing visit, S1 stated S4's file was in her car.

Corrective Action Plan: Effective 2/15/2022, S1 stated she will not take any files home to ensure all documentation is available on premises so this deficiency is not cited again.

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 at approximately 11:38 a.m., S1 failed to have documentation available during a licensing visit that indicates the entire center and play yard is checked after the last child departs to ensure that no child is left unattended at the center. S2 stated she is unable to locate the

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documentation from 11/30/2021 to 2/14/2022.

Corrective Action Plan: Effective 2/15/2022, S1 stated she will speak with all staff to ensure they know the location of the binder with the documentation and either S1 or S5 will check to ensure the documentation is completed at the start of the next day so this deficiency is not cited again.

1903.C.: Free of Hazards

Not Met

1903.C.: Indoor and outdoor areas shall be free of hazards.

Finding:

1903.C. Based on observations at approximately 11:06 a.m., S2, S3, and S4 failed to have electrical outlets covered in 2 classrooms as evidence by, while conducting a walk-through of the center, Specialist observed 5 electrical outlets uncovered and accessible to 12 children ages, 4 to 5-year-old in Classroom #1 and 2 electrical outlets uncovered and accessible to 22 children ages 1 to 3-year-old in Classroom #2. This was corrected prior to Specialist departure.

Corrective Action Plan: Effective 2/15/2022, S1 will have all staff check every morning to ensure all outlets are covered so this deficiency is not cited again.

1915.A.: Health Services - Observation

Not Met

1915.A.: Observation. Upon arrival at the center, the physical condition of each child shall be observed for possible signs of illness, infections, bruises or injuries, and when something is observed, it shall be documented and such documentation shall include an explanation from the parent or child.

Finding:

1915.A. Based on record review at approximately 10:55 a.m., S2, S3, and S4 failed to have documentation of observations, when something is observed, noted on children upon arrival to the center, including an explanation from parent and/or child during a licensing inspection and for the following dates:

- 12/01/2021 to 2/1/2022 there was no documentation available during the licensing visit. S2 stated S1 must've filed the documentation for those dates.
- 2/3/2022 to 2/15/2022 - No observations noted.

Corrective Action Plan: Effective 2/15/2022, S1 stated the documentation will be left on premises for 2 years and accessible during the inspections. S1 stated she send out a memo to all staff to ensure they are aware of how to properly document on the daily observation log so 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, written or electronically, by the first day of each week and remain posted throughout the week; and
3. have substitutions or additions posted, written or electronically, on or near the menu.

Finding:

1919.A.&B. Based on observation/record review at approximately 11:34 a.m., S1 failed to have the current weekly menu listing specific food items served for each day of the week prominently posted, written or electronically, by the first day of each week and remain posted throughout the week. During the licensing visit, Specialist observed 44 children being served sausage, macaroni and cheese, baked beans, apple slices, and apple juice.

Corrective Action Plan: Effective 2/15/2022, S1 stated she will post a monthly menu to ensure this deficiency is not cited again.