

## 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 12:26pm, S1 failed to have documentation of a current annual inspection and approval from City Fire. The date of the last approval expired on 11/31/2019. S1 stated she called to have the inspection completed, but was told someone will be out after Mardi Gras.

Corrective Action Plan: Effective today, S1 stated she will contact City Fire prior to the expiration date to ensure the inspection is completed timely in the future.

### 1507.E.: Daily Attendance Records - Visitors

**Not Met**

1507.E.: A daily attendance record for all visitors to include the name, date of visit, arrival and departure times, and the purpose of the visit.

#### Finding:

1507.E. Based on record review at 2:06pm, S1 failed to have documentation of a daily attendance record for all visitors, that included the arrival, and departure times for the following:

- There is no documentation of O1's arrival time for 3/2/2020. The Specialist observed O1 on premises during the visit. S1 stated O1 arrived at 8:00am.
- There is no documentation of the departure time for O2 and O3 on 2/10/2020 and 2/7/2020.
- There is no documentation of the departure time for O4 and O5 on 1/31/2020.
- There is no documentation of the departure time for O6 on 2/15/2020 and 1/29/2020.
- There is no documentation of the departure time for O7 on 1/3/2020.
- There is no documentation of the departure time for O8 on 1/28/2020.

S1 stated she would print the updated LDOE visitor sign in sheet, which includes the staff accompanied column, to use immediately.

Corrective Action Plan: Effective today, S1 stated the staff accompanying visitors, will make sure the visitor signs in and out prior to leaving the center.

### 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.B. Based on record review at 12:31pm, S1 failed to have documentation that 6 of 46 staff, S6, S11, S20, S25, S36, and S43, received additional orientation within thirty days of date of hire. S6's date of hire is 9/30/2019. S20 and S25's hire date is 9/3/2019. S43's hire date is 8/27/2019. S11's hire date is 10/29/2019. S36's hire date is 10/28/2019.

Corrective Action Plan: Effective today, S1 stated she will put a reminder on her calendar to conduct a follow up training with new hires within 30 days of the date of hire, to ensure the additional training is completed.

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### 1807.C.: CCCBC-Based Determinations of Eligibility for Visitors and Contractors

Not Met

1807.C.: C. An early learning center shall obtain a CCCBC-based determination of eligibility for child care purposes from the department for each visitor or independent contractor of any kind, and shall have documentation of said determination available at all times for inspection upon request by the licensing division, unless the visitor or independent contractor, other than therapeutic professionals as defined in §103, will be accompanied at all times while at the center when children are present, by an adult staff member who is not being counted in child-to-staff ratios. The center shall have documentation of said determination of eligibility, or documentation of the accompanying staff member, available at all times for inspection upon request by the Licensing Division.

#### Finding:

1807.C. Based on record review/observations at 12:30pm, S1 failed to have documentation that a CCCBC-based determination of eligibility from the department was obtained for O1, prior to the person being present at the center or performing services. The Specialist observed O1 on premises, unaccompanied by a paid staff person. There was no documentation of a paid staff member who accompanied O1 while on premises. S1 stated O1 is contracted to work at the center through home office, and she thought Human Resources took care of O1's CCCBC prior to O1 working at the center as a contractor. This was corrected during the visit at 1:05pm, as the Specialist observed S2 remain with O1 while on premises.

Corrective Action Plan: Effective today, S1 stated she will create a folder for all contractors to make sure that a CCCBC is obtained prior to the contractor working in the center, in an effort to make sure the center is not re-cited for this deficiency.

### 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 11:01am, S1 failed to have documentation that the entire center and play yard was checked on 2/19/2020, 2/20/2020, and 2/21/2020 after the last child departed, to ensure that no child was left unattended at the center. S1 stated S38 conducted the visual check on all three days, however forgot to document it.

Corrective Action Plan: Effective today, S1 stated she will remind S38 to document the visual check log daily. S38 stated she will move the binder to another area to access the end-of-day check easier, and to remember to sign it prior to leaving the center.

### 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.3. Based on record review/observations at 11:26am, S1 failed to have substitutions or additions posted on or near the menu. The Specialist observed S35 serve the following for lunch: Ravioli with Cheese, Mixed Vegetables, Diced Pineapples, and Milk. However, the posted menu stated the following would be served: Cheese Pizza, Mixed Vegetables, Seasonal Fruit, and Milk. S35 stated she had to change the menu because there was not enough pizza, but she forgot to update the menu prior to serving lunch.

Corrective Action Plan: Effective today, S1 stated she or S38 will review the menu and food availability for the next day, to ensure that if the menu has to change, it will be documented on the prior date. S1 also stated she will remind S35 to always keep the posted menu updated at all times.