Date - 03/04/2021 License # - 50202 Action Code - 3 - COMPLAINT

## 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(s) at 10:00am, S1 failed to notify the Department and Child Welfare within 24 hours of the following: O1 returned to the daycare on 02/12/2021, around 5:45pm, stating that C1, 3 years old, told her that a staff member, S2, slapped her in the mouth. C1 did not have any marks or bruises. S1 stated she was unaware she had to report the incident as she believed that S2 did not hit the child.

Corrective Action Plan: Effective 03/04/2021, S1, Director, stated she will ensure critical incidents are reported to the Department and other appropriate agencies within the twenty-four hour period. S1 will meet with staff to review regulations to ensure that all staff report any allegations to S1 so they may be reported appropriately.

## 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 of C1's file at 11:15am, the Provider failed to have a signed and dated parental authorization to secure emergency medical treatment. S1 stated she forgot to obtain this authorization for C1, 3 years old, when she began at the daycare.

Corrective Action Plan: Effective 03/04/2021, S1, Director, will go through children's files to ensure each child has authorization to secure emergency medical treatment.

#### 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.: A: Based on record review of staff files at 12:30pm, the Provider failed to 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 and child CPR through training approved by the department. 1 of 11 staff had documentation of this certification. S1 stated she was having a hard time finding a class for certification.

Corrective Action Plan: Effective 03/04/2021, S1, Director, will have the proper amount of staff complete an on-line training through the National CPR Foundation as soon as possible to have the required certification. S1 will also contact an approved trainer to complete a class with most of the staff.

## 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 of staff files at 12:30pm, the Provider failed to 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. 1 of 11 staff had documentation of this certification. St stated she was having a hard time finding a class for certification.

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Corrective Action Plan: Effective 03/04/2021, S1, Director, will have the proper amount of staff complete an on-line training through the National CPR Foundation as soon as possible to have the required certification. S1 will also contact an approved trainer to complete a class with most of the staff.

### 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/observations at 9:15am, a CCCBC-based determination of eligibility for child care purposes from the department was not obtained for each volunteer, prior to the person being present at the center or performing services. The Specialist arrived at the center at 9:15am and found the volunteer, O2, in a classroom with S7, who was actively supervising children. S1 stated that O2 does not have an eligible CCCBC, and has been volunteering at the center since 02/12/2021, under supervision of another staff member with a CCCBC. S1 placed O2 in the infant classroom at 9:30am with an extra staff person, S5, to be with him at all times.

Corrective Action Plan: Effective 03/04/2021, S1, Director, stated that she will send O2 to get his fingerprints and CCCBC eligibility completed as soon as possible.