

## 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:

103.A & C. Based on interview/record review at approximately 3:30 PM, S1 failed to notify Child Welfare within 24 hours of 02/21/2020 when she was notified by O1 and O2 at approximately 8:45 AM that C1, age 3 years old, had bruises located in the upper, inner area of both arms. Per S1's statement, she did not report the incident involving C1 to Child Welfare due to C1's parents contacting Child Welfare.

Corrective Action Plan: Effective 03/18/2020, S1, director, stated that she will report all accusations of suspected abuse to Child Welfare immediately.

### 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/observations on 03/11/2020 at approximately 12:49 PM, S1 failed to maintain a daily attendance record that accurately reflects the staff members and owners in the center premises at any given time and can be used to document staff members and owners who leave and return to the center during the day. Per the center's daily attendance log dated 03/11/2020, S1, S3, S5 and S8 were not signed in upon Specialist's arrival at 12:30 PM. S8 also failed to sign out upon departure of the center at 11:30 AM. Specialist observed S1 sign in S8 at 12:48 PM. S1 was signed in at 12:40 PM, S3 was signed in at 8:30 AM, and S5 was signed in 6:15 AM. Per S1's statement, the computer re-boots and prevents staff from clocking in and she has to manually clock the staff in.

Corrective Action Plan: Effective 03/18/2020, S1, director, stated that she would ensure that all staff are checked in upon her arrival to the center. S1 also stated that she would provide a paper sign in and out for staff that is unable to clock in.

### 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 on 03/11/2020 at approximately 5:00 PM, S1 failed to maintain a daily attendance record for all visitors to include the name, arrival and departure times, and purpose of visit. Specialist observed the center's visitor log dated 02/13/2020 to 03/11/2020 failed to document O3, O4, and O5's presence in the center on 02/21/2020. Per S1's statement, O3, O4, and O5 was present in the center on 02/21/2020 from 12:00 PM to 1:00 PM. Per S1's statement, she was not aware that police officers were required to sign in on the visitor log.

Corrective Action Plan: Effective 03/18/2020, S1, director, stated that she will ensure every visitor in the center signs in upon arrival.

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### 1509.A.8.a.&b.: Behavior Management Policy

Not Met

#### 1509.A.8.a.&b.: Behavior Management Policy

Each center shall develop and implement a written behavior management policy describing the methods of behavior guidance and management that shall be used at the center.

The behavior management policy shall prohibit children from being subject to any of the following:

- i. physical or corporal punishment which includes but is not limited to yelling, slapping, spanking, yanking, shaking, pinching, exposure to extreme temperatures or other measures producing physical pain, putting anything in the mouth of a child, requiring a child to exercise, or placing a child in an uncomfortable position.
- ii. verbal abuse, which includes but is not limited to using offensive or profane language, telling a child to "shut up", or making derogatory remarks about children or family members of children in the presence of children;
- iii. the threat of a prohibited action even if there is no intent to follow through with the threat;
- iv. being disciplined by another child;
- v. being bullied by another child;
- vi. being deprived of food or beverages;
- vii. being restrained by devices such as high chairs or feeding tables for disciplinary purposes; and
- viii. having active play time withheld for disciplinary purposes, except timeout may be used during active play time for an infraction incurred during the playtime.

#### Finding:

1509.A.8.a&b: Based on interview/observations/record review at approximately 3:30 PM, although there was a behavior management policy, S5 failed to ensure that the policy was followed as she yanked C1 by both arms and carried him out of the classroom. Per observation of the center's camera on 03/11/2020, S5 was seen yanking and carrying C1 by both arms at 9:33 AM on 02/20/2020. Per S1's written and verbal statement, she observed this incident on the center's camera at approximately 11:00 AM on 2/21/2020 after being informed by O1 and O2 that bruises were discovered on the upper, inner area of both of C1's arm.

Corrective Action Plan: Effective 03/18/2020, S1, director, stated that she will continue to ensure all staff are trained in behavior management and conduct ongoing staff trainings.

### 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 /interviews/and observations on 03/11/2020 at approximately 4:48 PM, S1 failed to have a written authorization signed and dated by the parent to secure emergency medical treatment for C2 and C3. Specialist observed O2 signing the form for both children in S1's office after specialist requested the documents. Per S1's statement, she asked O2 to complete the authorization forms due to her not having one in the their file. C2 and C3 are 12 years old.

Corrective Action Plan: Effective 03/18/2020, S1, director, stated that she has appointed S3 to ensure that all files are complete with the required documents.

### 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.: Based on record review/interview/observations on 03/11/2020 at approximately 12:30 PM, S1 failed to ensure fifty percent of staff members on the premises of a center and accessible to children, or at least four staff members on the premises, shall have current certification in infant and child CPR through training approved by the department. Specialist observed 3 of 9 staff on the premises had a current certification in infant and child CPR approved by the department. Per S1's statement, she has several new staff members who has not taken CPR training. There should have been four staff present certified in CPR upon specialist arrival at 12:30 PM. This was corrected at 12:42 PM when S9 arrived.

Corrective Active Plan: S1 stated she scheduled a CPR class to be completed on 03/14/2020; however, it was canceled due to the virus.

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### 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/interview/observations on 03/11/2020 at approximately 12:30 PM, S1 failed to ensure fifty percent of staff members on the premises of a center and accessible to children, or at least four staff members on the premises, shall have current certification in pediatric first aid through training approved by the department. Specialist observed 3 of 9 staff on the premises had a current certification in pediatric first aid approved by the department. Per S1's statement, she has several new staff members who has not taken pediatric first aid training. There should have been four staff present certified in PFA upon specialist at 12:30 PM. This was corrected at 12:42 PM when S9 arrived.

Corrective Active Plan: S1 stated she scheduled a PFA class to be completed on 03/14/2020; however, it was canceled due to the virus.

### 1725.A.-C.: Medication Management Training

Not Met

1725.A.-C.: A. All staff members who administer medication shall have medication administration training.

B. Whether the center is administering medication or not, each early learning center shall have at least two staff members trained in medication administration and at least one on the premises. A staff member who is a licensed practical nurse (LPN) or registered nurse (RN) with a valid nursing license shall be considered to have medication administration training.

C. Such training shall be completed every two years with an approved child care health consultant.

#### Finding:

1725.A.-C. Based on record review/interview/observation on 03/11/2020, S1 failed to have at least two staff members trained in medication administration and at least one on the premises whether the center is administering medication or not. 0 of 9 staff on the premises had current training in medication administration. Per S1' statement, she had medication administration training; however, her certificate expired on 02/25/2020. This was not corrected prior to specialist departure.

Corrective Action Plan: S1 stated she scheduled a PFA class to be completed on 03/14/2020; however, it was canceled due to the virus.

### 1911.I.&J.: Proper Lifting of a Child

Not Met

1911.I.&J.: I. Staff members shall adhere to proper techniques for lifting a child.

J. Staff members shall not lift a child by one or both arms.

#### Finding:

1911.I.&J.: Based on observations/interview on 03/11/2020 at approximately 3:30 PM, S5 failed to adhere to proper techniques for lifting a child. Per observation of the center's camera on 03/11/2020, S5 was seen yanking C1 by both arms at 9:33 AM on 02/20/2020. Per S1's and S5's statement, S5 did incorrectly lift C1; however, she quickly corrected herself.

Corrective Action Plan: S1 stated that she reviewed proper lifting techniques with S5 on 02/21/2020 and effective 03/18/2020 she will continue to ensure that all staff utilize proper lifting techniques with children.

### 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/interview on 03/11/2020 at approximately 4:00 PM, S1 failed to have proof that the physical condition of each child is observed for possible signs of illness, infections, and bruises or injuries upon arrival to the center and observations are noted to and include an explanation from the parent or child when something is observed. S1 provided specialist with observations for S5's classroom dated in 2019; however, she could not provide any observations for 2020. Per S1's statement, she did not know where the current observation forms were located.

Corrective Action Plan: Effective 03/18/2020, S1 stated that S3 will ensure that daily observations are completed and filed daily. S3 will also ensure the information is accessible to all staff at all times.

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### **2103.B.&C.: Staff Person Present**

**Not Met**

2103.B.&C.:

B. A staff person shall be present when a child is delivered to the center.

C. When children are picked up or dropped off at the center by a public or private school bus, staff shall be present to safely escort children to and from the bus.

#### **Finding:**

2103.C.: Based on observations/interviews on 03/11/2020 at approximately 4:00 PM, S1 failed to ensure a staff person is present to safely escort children to and from the bus, when children are picked up or dropped off at the center by a public or private school bus. Specialist observed C2 and C3 enter the center alone from the parking lot. Per S1's statement, the children are always escorted by staff at their normal drop off times but arrived later due to tutoring.

Corrective Action Plan: Effective 03/18/2020, S1 stated she will ensure staff is present to escort children from the bus.

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