

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. a child left unsupervised for any amount of time;
 4. use of prohibited behavior management as described in § 1509.A.8.b;
 5. allegations or suspicion of child abuse or neglect by center staff;
 6. an accident involving the transportation of children; or
 7. 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 LDE and other appropriate agencies, such as DCFS, LDH and the Office of State Fire Marshal, as applicable, 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 at 10:30 a.m., S1 failed to immediately notify the parent and notify the Department and DCFS Child Welfare within 24 hours of an incident of inappropriate behavior management. S1 stated on 3/14/2022 at 8:15 a.m., O1 notified her that as she dropped C1, infant, off inside the classroom, she observed S2 roughly settle C2, one-year-old, in his chair after forcefully putting a bottle in his mouth. On 3/17/2021, S1 notified O2, C2's parent, at 12 p.m., the Department via Critical Incident Report at 1:10 p.m., and DCFS Child Welfare via the Statewide Hotline at 1:30 p.m. This regulation was previously cited on 1/28/2022.

Corrective Action Plan: Effective 3/17/2022, S2 stated that any time a parent or staff brings a concern of inappropriate behavior management by staff, she will make notifications as required, to ensure this deficiency is not re-cited.

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 record review/interview at 10:30 a.m., although the center has a behavior management policy that prohibits corporal punishment, and cruel, severe, or unnecessary punishment, S2 used these prohibited methods of discipline. On 3/14/2022, O1 notified S1 at 8:15 a.m., as she dropped C1, infant, off in the classroom, she observed S2 forcefully put a bottle in C2's, one-year-old, mouth after roughly settling him in his chair. S2's date of hire is 5/7/2020 and is still employed in the center. S2 received an employee warning notice on 3/14/2022 and was placed on probation for conduct until 6/14/2022.

Corrective Action Plan: Effective 3/17/2022, S1 stated she will have all staff enroll in additional trainings focused on behavior and classroom management, child regard and teacher sensitivity, and these trainings will be ongoing, to ensure this deficiency is not re-cited.

Statement of Deficiencies

1811-D.2.&3.: Provisional Employment for Staff Members of Early Learning Centers

Not Met

1811-D.2.&3.: 2. A provisionally-employed staff member may be counted in child to staff ratios, but must be monitored at all times in accordance with the following.

- a. A monitor of a provisionally-employed staff member must be an adult staff member for whom the center has a CCCBC-based determination of eligibility for child care purposes, (or prior to October 1, 2018, a satisfactory CBC), who is designated by the center to monitor a specific provisionally-employed staff member.
 - b. The center must designate a monitor for each provisionally-employed staff member present at the center.
 - c. The monitor shall be physically present at the center at all times when the provisionally-employed staff member is present at the center.
 - d. Monitors must remain within close enough physical proximity of their designated provisionally-employed staff members to be able intervene at any time if intervention is needed.
 - e. A monitor shall perform at least one visual observation of each designated provisionally-employed staff member every 30 minutes.
 - f. The center may designate one monitor for up to a maximum of five provisionally-employed staff members at any given time.
 - g. At least one monitor must be physically present at all times in any room during naptimes if a provisionally-employed staff member is present.
3. The center shall have a log, either handwritten or in electronic form, or other written documentation of the monitoring of provisionally-employed staff members that identifies each provisionally-employed staff member, the designated monitor for each, and the times of the visual observations.

Finding:

1811-D.2.&3.: Based on record review at 12 p.m., S1 failed to have a log, either handwritten or in electronic form, or other written documentation of monitoring of provisionally employed staff, S4. S4 received a provisional employment status on 1/7/2022 and was hired and began working in the center on 1/31/2022. S4 worked in the center as a provisionally employed staff on 1/31/2022, 2/1/2022, 2/4/2022, 2/7/2022-2/10/2022, 2/14/2022-2/15/2022, 2/17/2022-2/18/2022, 2/21/2022-2/25/2022, 2/28/2022, 3/3/2022-3/4/2022, and 3/7/2022, until receiving an eligibility on 3/8/2022. S1 stated she thought it was a CCCBC-Based Determination of Eligibility S4 received on 1/31/2022.

Corrective Action Plan: Effective 3/17/2022, S1 stated she will review more closely the status change of all newly hired staff in the CCCBC system to determine if a provisional or eligible status is received, and document accordingly, to ensure this deficiency is not re-cited.

1909.D.: Infants - Car Seats

Not Met

1909.D.: Written authorization from a physician is required for a child to sleep in a car seat or other similar device and shall include the amount of time that the child is allowed to remain in said device.

Finding:

1909.D. Based on observations at 11:33 a.m., written authorization from a physician was not available for 5 of 5 infants as required for infants to sleep in a car seat or other similar device. In S3 and S4's classroom, Specialist observed S3 sitting in a rocking chair surrounded by five infants asleep in a swing, floor rocker, and bouncy chairs. Staff corrected prior to Specialist's departure.

Corrective Action Plan: Effective 3/17/2022, S1 stated staff will place all infants in the cribs to sleep. Written notices from the physician will be received in the center prior to allowing infants to sleep in a car seat or similar device, to ensure this deficiency is not re-cited.