

Statement of Deficiencies

1715-A.5: State Central Registry

Not Met

1715-A.5: Personnel files for each staff member shall be maintained at the center and shall include the following: documentation of a current, completed state central registry disclosure form indicating no justified (valid) finding of abuse or neglect by the DCFS, or a current determination from the DCFS indicating that the individual does not pose a risk to children.

Finding:

1715-A.5: State Central Registry. Based on record review and interview with S5, Provider failed to have documentation of a completed state central registry disclosure form (SCR 1) prior to an individual being present in or providing services to the center on site and available for review at the center (1705.A). 1 of 9 staff, staff identifiers S7 failed to have documentation of the completed form. Staff were on the premises on today 3/20/17 and various date(s) from 9/21/16-3/20/17 as verified by staff attendance logs. S5 corrected while specialist was on site.

1719-A.-B.: Orientation Training

Not Met

1719-A.-B.: Within seven calendar days of date of hire, 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,

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;

Finding:

1719-A-B: Orientation Training. Based on record review and interview with S5, Provider lacked documentation that 2 of 9 staff, S3 & S8 received additional orientation. S3 does not have documentation of the additional 30 day orientation. S8 does not have the additional 7 or 30 days orientation.

1901-M: Strings and Cords

Not Met

1901-M: Strings and cords, including but not limited to those found on equipment, window coverings, televisions and radios, shall be inaccessible to children under age 4.

Finding:

1901-M: Strings and Cords. Based on observation, Strings and cords were accessible to children under age 4 as there were multiple cords accessible in the 3-4 year old classroom.

1901-Q: The Safety Box

Not Met

1901-Q: The center shall post a copy of the current The Safety Box newsletter issued by the Louisiana Office of the Attorney General and shall immediately remove from the early learning premises any items listed as recalled.

Finding:

1901-Q: The Safety Box. Based on observation and interview with S1, The Provider did not post 'The Safety Box' newsletter issued by the Louisiana Office of the Attorney General. S1 stated that they had it up but it must have fallen.

1907-D.1: Bed Coverings

Not Met

1907-D.1: A labeled sheet for covering the cot or mat and a labeled sheet or blanket for covering the child shall be provided by either the center or the parent, unless the cots or mats are covered with vinyl or another washable surface.

Finding:

T1907-D.1: Bed Coverings. Based on observation and interview with S1, the Provider or the parent did not provide a labeled sheet or blanket for covering the child and the mats/cots were not covered with vinyl or another washable surface. Some blankets were labeled and some were not. Staff will correct today at nap.

Statement of Deficiencies

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: Infants-Car Seats. Based on observation, Written authorization from a physician was not available for 1 infant as required for infant to sleep in a car seat or other similar device. Specialist observed an infant asleep in a car set at 10:00AM, when specialist went back through the room at 10:15AM, he was still in the car seat asleep. Specialist went back through the room at 10:40 and he was no longer in the seat.

1911-E: Daily Reports for Infants

Not Met

1911-E: Daily Reports for Infants. Written reports that include the liquid intake, food intake, disposition, bowel movements and eating and sleeping patterns shall be given to the parents of infants on a daily basis. Reports shall be kept current throughout the day.

Finding:

1911-E: Daily Reports for Infants. Based on observation and interview, The provider lacked a daily written report for 4 of 4 infants. S2, the infant teacher stated that she does not know where they are. Specialist checked at 10:53 while the children were eating lunch.

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: Health services. Based on observation and record review, The provider did not document observations, when something is observed, noted on children upon arrival to the center. Results including an explanation from parent and/or child were not documented. There have been no observations documented since 2/20/17. Specialist observed three different children with scratches on their face today with no documentation.

1917-K: Emergency Medication Plan and Records

Not Met

1917-K: Emergency Medications

1. Children who require emergency medications, such as an EpiPen or Benadryl, shall have a written plan of action that shall be updated as changes occur or at least every six months, and shall include:

- a. method of administration;
- b. symptoms that indicate the need for the medication;
- c. actions to take once symptoms occur;
- d. description of how to use the medication; and e. signature of parent and date of signature.

2. Medication administration records for emergency medication shall be maintained and include the following:

- a. symptoms that indicated the need for the medication;
- b. actions taken once symptoms occurred;
- c. description of how medication was administered;
- d. signature of administering staff member; and
- e. phone contact with the parent after administering emergency medication.

Finding:

1917-K: Emergency Medication Plan and Record. Based on observation and interview with S1, A child who requires emergency medications, such as an EpiPen or Benadryl, did not have a written plan of action as evidence by there being two epipens in the center with no paperwork for either child that they belong to.