

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.C-D. Based on record review and interviews: S1 failed to notify the Department within 24 hours via e-mail and by written report on the Department's Critical Incident Report Form as well as Child Welfare via e-mail within 24 hours of the following critical incident: On 4/2/2019 at 10:44am, C1, a 5 months old, became unresponsive and barely breathing while in the care of S2 at the center. S1 stated she called 911 at 10:44am stating a child at the center was "breathing but acting lifeless." S1 stated C1 was transported to Children's Hospital by EMS. S1 stated she did not complete a Critical Incident Report Form. S1 stated she was unaware that she needed to notify The Department and Child Welfare of the critical incident because she thought she only needed to report incidents that were caused by a staff member.

S1 stated Child Welfare visited the center on 4/3/19 to investigate the incident involving C1 that occurred at the center on 4/2/19 and when a Harahan Police Detective called S1 on 4/5/19 to set up interviews with staff regarding the incident involving C1 that occurred at the center on 4/2/19.

1103.A.C.D: Based on interviews and record review: S1 failed to notify the Department within 24 hours via e-mail and by written report on the Department's Critical Incident Report Form as well as Child Welfare via e-mail within 24 hours of an allegation that O7 reported to S1 last year, date unknown. O7 reported to S1 that C3 alleged that S2 pulled her hair. S1 stated she did not report this to the Department or to Child Welfare. S1 stated she spoke to S2 and O7 about it, and the issue was resolved.

1509.A.1.: Child Abuse and Neglect Policy

Not Met

1509.A.1.: Child Abuse and Neglect Policy

- a. As mandated reporters, all staff and owners shall report any suspected abuse or neglect of a child to the Louisiana Child Protection Statewide Hotline 1-855-4LA-KIDS (1-855-452-5437);
- b. An early learning center shall not delay the reporting of suspected abuse or neglect to the Child Protection Statewide Hotline in order to conduct an internal investigation to verify the abuse or neglect allegations; and
- c. An early learning center shall not require staff to report suspected abuse or neglect to the center or management prior to reporting it to the Child Protection Statewide Hotline.

Finding:

1509.A.1.b. Based on interviews, S1 did not report suspected abuse of a child to the Child Protection Statewide Hotline. S1 conducted her own internal investigation of the suspected abuse allegation that she received last year, date unknown. According to interviews with S1, S2, and O7, O7 reported to S1 that C3 stated S2 pulled her hair, date unknown. S1 stated after discussing with S2 and O7, she didn't believe the allegation to be true. S1 stated she did not report this to Child Welfare. The Specialist observed S1 call the Child Protection Hotline on 4/30/2019 to report the allegation.

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1915.B.&C.: Health Services - Parental Notification

Not Met

1915.B.&C.:

B. Reporting. Incidents, injuries, accidents, illnesses, and unusual behavior shall be documented and reported to the parent no later than when the child is released to the parent or authorized representative on the day of the occurrence.

C. Immediate Notification. The parent shall be immediately notified in the following circumstances:

1. blood not contained in an adhesive strip;
2. head or neck or eye injury;
3. human bite that breaks the skin;
4. animal bite;
5. impaled object;
6. broken or dislodged teeth;
7. allergic reaction skin changes (e.g. rash, spots, swelling, etc.);
8. unusual breathing;
9. symptoms of dehydration;
10. temperature reading over 101° oral, 102° rectal, or 100° axillary; or
11. injury or illness requiring professional medical attention.

Finding:

1915.B. Based on record review/interview(s): S1 failed to have documentation of an illness and unusual behavior report for C1 on 4/1/2019. S1 stated that on 4/1/2019, C1 appeared to be sick, had low energy, and was moaning all day. S1 and S2 stated C1 did not have a fever, but would not sit up without being supported. S1 stated she texted O1 on 4/1/2019 at 1:05pm to find out the results from C1's doctor's appointment on 3/29/2019. The Specialist inquired about an illness report and doctor's note for C1 on 4/1/2019, however there was no documentation available. S1 stated she did not complete an illness report because C1 did not have a fever. S1 also stated she did not have documentation that C1 could return to school.

1917.A.: Medication Authorization

Not Met

1917.A.: Written Authorization. No medication or special medical procedure shall be administered to a child unless authorized in writing by the parent. Such authorization shall include:

1. name of child;
2. drug name and strength;
3. date(s) to be administered;
4. directions for use, including the route (oral, topical), dosage, frequency, time and schedule and special instructions, if any. It is not acceptable to note "as indicated on bottle"; and
5. signature of parent and date of signature.

Finding:

1917.A. Based on interview(s): S1 did not obtain written authorization from O1 to administer medication to C1. On 4/17/2019, S1 and S2 stated S2 administered 1.25ml of Tylenol to C1 on 4/2/2019 around 10:45am, however there is no documentation of the written authorization to administer the medication. S1 stated on 4/2/2019, at time of C1's arrival, O2 verbally told her that O1 said 1.25ml of Tylenol can be given to C1 if he gets fussy. S1 stated she told S2 it was okay for S2 to administer the Tylenol to C1 on 4/2/2019.

1917.D.: Medication Authorization - Non-Prescription Medication

Not Met

1917.D.: If a non-prescription medication label reads "consult a physician", the early learning center shall also maintain a written authorization from a licensed health care provider for the child to take the medicine.

Finding:

1917.D. Based on interview(s): For non-prescription medication, S1 did not have a written authorization from a licensed health care provider for the child to take the medicine. On 4/2/2019, 1.25ml of Tylenol was administered to C1, a 5mos old, by S2 around 10:45am. The Tylenol's non-prescription medication label states "ask a doctor" before administering to children under 2 years old or under 24lbs. S1 stated O1 brought the medication from home and verbally told S1 to administer 1.25ml of the Tylenol, however there is no documentation of a written authorization from C1's health care provider.

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1917.H.: Medication Administration Records

Not Met

1917.H.: Records. Medication administration records shall be maintained for all children regardless of who administers the medication. Records shall include the following:

1. name of the child and medication name and dosage administered;
2. date and time medication administered;
3. documentation of telephone contact with parent prior to giving "as needed" medication;
4. signature of person administering medication or witnessing the child administering own medication;
5. signature of person completing the form; and
6. when a parent administers medication to his/her own child on center premises, the medication administration record shall be documented by either the parent or a staff member.

Finding:

1917.H. Based on record review: S1 did not have documentation of administering medication to C1 on 4/2/2019 to include documentation of telephone contact with O1 or O2 prior to giving "as needed" medication. S1 and S2 stated 1.25ml of Tylenol was give to C1 on 4/2/2019 by S2 around 10:45am. S1 and S2 did not contact the parent prior to giving the Tylenol. There is no documentation that C1 was administered medication on 4/2/2019. S1 stated she forgot to complete the Medication Administration Record due to C1 being rushed to the hospital.
