

## Statement of Deficiencies

### 1103.A.-C.: Critical Incidents and Required Notifications

Not Met

1103.A.-C.: A. 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. of this Part;
5. allegations or suspicion of child abuse or neglect by center staff;
6. an accident involving the transportation of children;
7. any child given the wrong medication or an overdose of the correct medication;
8. any loss of power over two hours while children are in care;
9. a physical altercation between adults in the presence of children on the premises;
10. reportable infectious diseases and conditions outlined in LAC 51:II.105;
11. 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. Prioritization of Notifications. The following shall be notified immediately and in the order listed below as applicable:

1. emergency personnel when dealing with any medical incident.
2. law enforcement.
3. parent.

C. The following, as applicable, shall be notified via email within 24 hours of the incident, or no later than the next business day if the incident occurred on a Friday or on a recognized state holiday:

1. LDOE. This written notification shall be made for all of the critical incidents identified above, shall be made on the LDOE critical incidents report form, and shall contain all information requested on the form.
2. DCFS. Report all incidents that might constitute child endangerment including examples provided in mandated reporting training.
3. LDH. Report all incidents related to LDH regulations such as safety and sanitation issues as well as infectious diseases and conditions.
4. OSFM. Report all incidents related to OSFM regulations.
5. Any other appropriate agencies, including but not limited to, local or city fire marshal or the Department of Environmental Quality.

#### Finding:

1103.B. Based on record review at 10 a.m., S1 failed to immediately notify the parent of the following critical incident: On 4/11/2024, at 9:50 a.m., in an attempt at redirection, S21 lifted C1, 3-years-old, by his right arm, resulting in his elbow being dislocated and requiring medical attention. O1 was called at 9:38 a.m., to pick up C1, but was not informed of the incident details; S21 informed O1 of the incident details around 10:59 a.m. S21 received disciplinary action, but is still employed at the center. C1 still attends the center.

Corrective Action Plan: Effective 4/18/2024, S1 stated she will retain administrative staff on immediate parental notification guidelines in regards to critical incidents, to ensure understanding and compliance with this regulation.

### 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 at 10 a.m., although the center has a behavior management policy in place, S21 (DOH: 1/25/2022) used a prohibited method of discipline, corporal punishment. On 4/11/2024, at 9:50 a.m., in an attempt at redirection, S21 lifted C1, 3-years-old, by his right

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arm, resulting in his elbow being dislocated and requiring medical attention. S21 received disciplinary action, but is still employed at the center.

Corrective Action Plan: Effective 4/18/2024, S1 stated she will retrain all staff on the center's behavior management policy along with securing additional outsourced trainings, to ensure understanding and compliance with this regulation.

### 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:

S1911.I.&J.: Based on record reviews/interviews at 9 a.m., staff failed to lift a child using proper lifting techniques. On 4/11/2024, at 9:50 a.m., S21 lifted C1, 3-years-old, using one arm, resulting in C1's right elbow to be dislocated and requiring medical attention.

Corrective Action Plan: Effective 4/18/2024, S1 stated she will schedule a training on proper lifting techniques for all staff to be given by an occupational therapist/pathways-approved trainer to be held on/by 5/18/2024, to ensure compliance with this regulation.