

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:

1713.A.&B.&C. Based on record review and interviews on 05/02/2023 at 2:00 p.m., S1 failed to have documentation of the following alleged critical incident being reported to the parents immediately and within 24 hours to the Department and to DCFS - Child Welfare: On 04/17/2023, S4 was not supervising the children in her classroom. S4 was seen with a blanket over her head, lying on the floor with S3, while the classroom's door was locked. According to S2, Parents, along with the Department and DCFS - Child Welfare were notified on 04/19/2023.

Corrective Action Plan: Effective 5/3/2023, S1 stated she will remind all staff that all appropriate agencies must be notified within 24 hours when S1 is absent, to ensure compliance with this regulation.

1507.A.: Daily Attendance Records - Children

Not Met

1507.A.: A daily attendance record for children shall be maintained that shall:

1. include the child's first and last name, arrival and departure times, and first and last name of person or entity to whom the child is released;
2. accurately reflect children on the center premises at any given time; and
3. be used to sign in and out if a child leaves and returns to the center during the day.

Finding:

1507.A. Based on record review on 5/1/2023 at approximately 11:45 a.m., S1 failed to have a children's daily attendance record that accurately reflected the children on the child care premises at any given time, as 99 children were present and 96 children were signed in on the log.

Corrective Action Plan: Effective 5/3/2023, S1 stated she will remove the sign in books from the classroom back to the front office to monitor the logs better, to ensure compliance with this regulation.

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 05/01/2023 at 3:45 p.m., S1 failed to have documentation of a daily attendance record for Visitor's to include first and last name, date of visit, arrival and departure times, and purpose of the visit. S1 and S2 indicated DCFS- Child Welfare representatives and pest control representatives came onto the child care premises on multiple days; however, they were not signed in on the Visitor's log.

Corrective Action Plan: Effective 05/03/2023, S1 stated she will ask all visitors did they sign in before having access into the center, to ensure compliance this regulation.

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

Not Met

- 1509.A.1.: a. As mandated reporters, all staff and owners shall report any allegation or suspicion of 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.

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Finding:

1509.A.1. Based on record review on 05/01/2023 at 4:00 p.m., S1 failed to ensure all staff, as mandated reporters, reported any allegation or suspicion of abuse or neglect of a child to the Louisiana Child Protection Statewide Hotline 1-855-4LA-KIDS (1-855-452-5437), and did 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. C2, age four-years-old, is never in his class because S9 and S10 put him out daily and tell him to find S1 or S2 to watch him. S9 has intentionally left him outside on the playground for other teachers to find him.

Corrective Action Plan: Effective 05/03/2023, S1 stated she will remind staff that they are Mandated Reporters and all allegations and suspicions must be reported timely to appropriate agencies, to ensure compliance with this regulation.

1711.A.&B.&D.&G.: Child to Staff Ratio

Not Met

1711.A.&B.&D.&G.: A. Child to staff ratios are established to ensure the safety of all children.

B. Minimum child to staff ratios shall be met at all times.

1. There shall be a minimum of two staff members present at an early learning center when more than four children are present.
2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
3. The department's form noting required child-to-staff ratios shall be posted in each room included in the center's licensed capacity.
- D. Minimum child-to-staff ratios for type II and type III centers are as follows.

Ages of Children	Ratio
Infants under 1 year	5:1
1 year	7:1
2 years	10:1
3 years	13:1
4 years	15:1
5 years	19:1
6 years and up	23:1

G. Mixed Age Groups Minimum Child to Staff Ratios

1. An average of the child to staff ratios may be applied to mixed age groups of children ages two, three, four and five.
2. Child to staff ratios for children under age two are excluded from averaging.
3. When a mixed age group includes children younger than age two, the age of the youngest child determines the child to staff ratio for the group.
4. An average may be applied to a mixed age group consisting only of children ages five and older.

Finding:

1711.A.&B.&D.&G. Based on observation on 5/1/2023 at approximately 11:11 a.m., S1 failed to meet the required child to staff ratio in the one and two-year-old classroom. Specialists observed S10, alone, with 8 one and two-year-old children. The required ratio for one-year-old children is seven children per 1 staff person. Another staff was needed to satisfy child to staff ratio. S1 moved a two-year-old child to the next room to satisfy ratio at 11:12 a.m.

- On 5/2/2023 at approximately 1:36 p.m., S8 had eight children, ranging from two months old to one-year-old. The required ratio for infants is five infants per one staff. An additional staff was needed to satisfy child to staff ratio. S14 went into the classroom at 1:38 p.m. to satisfy child to staff ratio.

Corrective Action Plan: Effective 5/3/2023, S1 stated she will keep sufficient amount of staff in the larger classrooms during lunch breaks and call offs, to ensure compliance with this regulation.

1713.J.: Rest Time Supervision

Not Met

- 1713.J.: 1. If two rooms share a common doorway, one staff member may supervise the resting children in both rooms.
2. If the view of the staff supervising the children is obstructed by an object such as a low shelving unit, children shall be checked by sight by staff circulating among the resting children.

Finding:

1713.J. Based on record review/interviews on 05/02/2023 at 2:39 p.m., children grouped together, for sleeping, failed to be within the sight of S3 and S4 on 04/17/2023 as S4 had a "cover" on her "from head to toe" and S3 sat next to S4, in a corner of the room. Neither S3 nor S4 were checking on children by sight and/or circulating among the resting children.

- On 5/2/2023 at 1:43 p.m., Although S17 was responsible for watching two classrooms, during nap time that shared a common door way, S17 failed to stand in the common doorway in order to supervise both classrooms. S17 was sitting on a low shelving unit eating lunch with an obstructed view of all the 8 two-year-old children in the adjoining classroom.

Corrective Action Plan: Effective 5/3/2023, S1 stated she will conduct a walkthrough of the center during nap time to remind staff to circulate the room,

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to ensure compliance with this regulation.

1715.A.1.&3.: Staff Records and Personnel Files

Not Met

1715.A.1.&3.: Staff Members. Personnel files for each staff member shall be maintained at the center and shall include the following:

1. an application or staff information form containing the following information:
 - a. name;
 - b. date of birth;
 - c. home address and phone number;
 - d. training,
 - e. work experience;
 - f. educational background;
 - g. hire date; and
 - h. first day onsite working with children;
3. Upon termination or resignation of employment, the last date of employment and reason for leaving;

Finding:

1715.A.1. Based on record review on 5/1/2023 at approximately 3:30 p.m., S1 failed to have have an application/staff information form to include name, date of birth, home address and phone number, training, work experience, educational background, hire date, first day on-site working with children for "enrichment staff", S13, S14 and S15, S1 had S13, S14 and S15 complete their applications during the licensing visit.

Corrective Action Plan: Effective 5/2/2023, she will have staff complete all staff information documentation before new staff can have access to the children, to ensure compliance with this regulation.

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1719.A.-C.: Orientation Training

Not Met

1719.A.-C.: A. Within seven calendar days of the first day present at the center, and prior to assuming sole responsibility for any children, each staff member shall receive center-specific orientation to the policies and practices of the center that at a minimum shall include information on the center:

1. child abuse identification and reporting, including phone numbers for mandatory reporting and suspected child abuse and neglect;
2. location of emergency exits and emergency preparedness plans;
3. handling of emergencies due to food/allergic reactions;
4. location of first-aid supplies;
5. list of children with allergies and special needs;
6. identification of critical staff including but not limited to staff trained in CPR and first aid and staff who can administer medicine;
7. child release policies and restrictions;
8. child-to-staff ratio policies;
9. daily schedules;
10. opening policy;
11. closing policy; and
12. transportation policy and vehicle inspection procedures.

B. Within seven calendar days of the first day present at the center, and prior to assuming sole responsibility for any children, each staff member shall complete the LDE Key Training Module 1 and the DCFS online Mandated Reporter Training. Key Training Module 1 shall at a minimum include information on the following:

1. general emergency preparedness, including natural disasters and man-caused events;
2. professionalism;
3. health and safety, which includes: daily observations, supervision regulations, daily attendance, child to staff ratios, improper discipline, prohibited discipline, prevention of shaken baby syndrome, prevention of abusive head trauma and child maltreatment, food safety, choking risks recognition and reporting of child abuse and neglect;
4. administration of medication consistent with standards for parental consent;
5. prevention and response to emergencies due to food and allergic reactions;
6. appropriate precautions in transporting children, if applicable;
7. public health policies, prevention and control of infectious diseases, including immunization information;
8. handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
9. pediatric first aid and cardiopulmonary resuscitation (CPR);
10. prevention of sudden infant death syndrome and use of safe sleep practices;
11. outdoor play practices;
12. environmental safety; and
13. building and physical premises safety, including identification of and protection from hazards, bodies of water and vehicular traffic;
14. child release practices; and
15. critical incident practices and licensing regulations

C. Within 30 calendar days of the first day present at the center and prior to assuming sole responsibility for any children, each staff member shall complete the LDE Key Orientation Training Modules 2 and 3, that at a minimum shall include information on the following:

1. child development;
2. child guidance;
3. learning activities;
4. health and safety; and
5. early learning development standards.

Finding:

1719.A.-C. Based on record review at approximately 3:30 p.m., S1 failed to have documentation that S14 and S15 received orientation, completed LDE Key Module 1 and completed the DCFS on-line Mandated Reporter Training within seven days of the first day present at the center and prior to having sole responsibility for any children.

Corrective Action Plan: Effective 05/02/2023, S1 stated she will complete orientation with new staff and contracted staff within 3 days of hire to have documentation completed within first seven days of hire, to ensure compliance with this regulation.

1903.C.: Free of Hazards

Not Met

1903.C.: Indoor and outdoor areas shall be free of hazards.

Finding:

1903.C. Based on record review/interview on 5/1/2023 at 12:15 p.m., on 01/19/2023, S1 failed to have the indoor area free of hazards as mice droppings were found on the floors and in/on the children's toys, cubicles and shelves in the infant classroom. Also on 01/19/2023, S19 found and killed a mouse in the infant classroom. According to interview, pest control did come out the same day, and all toys were thrown away. S1 stated she had the hole repaired and classroom exterminated.

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Corrective Action Plan: Effective 5/2/2023, S1 stated she will have S17 do a visual check of the classrooms before students arrive in the morning, she will check when conducting the End of the Day Check, to ensure compliance with this regulation.

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.&C. Based on record review on 5/2/2023 at approximately at 4:06 p.m., S1 failed to have documentation of immediate notification to the parent of the following incidents, injuries, accidents, illnesses, and unusual behavior:

- On 4/24/2023, C3 was scratched on the face by another child, documentation indicated the parent was not notified at by the end of the day.
- On 1/11/2023, a child was scratched under her left eye at 10:15 a.m., parent was notified at 3:30 p.m.
- On 2/9/2023, a child was scratched on the left cheek. There is no documentation of when the child was scratched and no documentation that it was reported to the parent no later than when the child is released to the parent or authorized representative on the day of the occurrence.
- On 10/21/2022, C2 kicked a child in the back by another child with both feet. There was no corresponding documentation that it was reported to the parent of the child that was kicked.
- On 3/13/2023, a child was scratched under their left eye at 2:40 p.m. There was no documentation that it was reported to the parent no later than when the child is released to the parent or authorized representative on the day of the occurrence.

Corrective Action Plan: Effective 5/2/2023, S1 stated that she and S2 will walk to each class to review the parental notification documentation has been completed correctly and parents are notified timely, to ensure compliance with this regulation.

1919.J.: Bottled Formula/Breast Milk Properly Labeled

Not Met

1919.J.: Bottled formula/breast milk for infants shall be labeled with the child's name.

Finding:

1919.J. Based on record review/observation on 5/1/2023 at approximately 3:45 p.m., S1 failed to ensure that staff had bottles, for infants, labeled with the children's name.

Corrective Action Plan: Effective 5/2/2023, S1 stated she will assist the infant teachers with labeling, sanitizing, and organizing the bottles properly, to ensure compliance with this regulation.