Statement of Deficiencies

713.A: Office of Public Health, State Fire, City Fire, Office of Early Childhood approval

713.A: Current approvals by the Office of Public Health, Office of State Fire Marshal, City Fire (if applicable), Office of Early Childhood and the Licensing Division shall be required before the expiration of an existing license.

Finding:

713.A Based on interview(s): The Provider lacked documentation of a current annual inspection and approval from State Fire Marshal. S1 stated that the center does have currect Fire Marshall approval; however, the documentation is not currently available at time of inspection.

1509-A.8.c: Behavior Management Policy - Time Out

1509-A.8.c: Time Out

- i. Time out shall not be used for children under age 2.
- ii. A time out shall take place within sight of staff.
- iii. The length of each time out shall be based on the age of the child and shall not exceed 1 minute per year of age.

iv. For children over age six, a time out may be extended beyond 1 minute per year of age, if a signed and dated statement, including a maximum time limit, from the parent granting such permission, is on file at the center.

Finding:

1509-A.8.c Based on record review: The Provider did not have a Time Out policy as part of their Behavior Management Policy that clearly states ALL Time Out procedures that are used and all that are prohibited as the policy did not state that children under 2 could not be subject to timeout and that timeout must take place in sight of staff.

1509-A.9: Electronic Devices Policy

1509-A.9: Electronic Devices Policy that provides that all activities involving electronic devices, including but not limited to television, movies, games, videos, computers and hand held electronic devices, shall adhere to the following limitations:

- a. Electronic device activities for children under age two are prohibited; and
- b. Time allowed for electronic device activities for children ages 2 and above shall not exceed 2 hours per day.

Finding:

1509-A.9 Based on observations/interview(s): The Provider did not follow the Electronic Devices Policy as Electronic Devices were used by children under age 2. Specialist observed a group of children in care watching television which included 2 infants and 2 one year olds. S1 corrected prior to Specialist departure.

1509-A.11: Programs, Movies and Video Games Policy

1509-A.11: Programs, Movies and Video Games Policy

a. Programs, movies, and video games with violent or adult content, including but not limited to soap operas, television news, and sports programs aimed at audiences other than children, shall not be permitted in the presence of children.

- b. All television, video, DVD, or other programming shall be suitable for the youngest child present.
- c. "PG" programming or its television equivalent shall not be shown to children under age 5.
- d. "PG" programming shall only be viewed by children age 5 and above and shall require written parental authorization.
- e. Any programming with a rating more restrictive than "PG" is prohibited.
- f. All video games shall be suitable for the youngest child with access to the games.
- i. "E10+" rated games shall be permitted for children ages 10 years and older.
- ii. "T" and "M" rated games are prohibited.

Finding:

1509-A.11 Based on interview(s): The Provider did not have a Programs, Movies and Video Games Policy requiring: Programs, movies, and video games with violent or adult content, including but not limited to soap operas, television news, and sports programs aimed at audiences other than children, shall not be permitted in the presence of children. All television, video, DVD, or other programming shall be suitable for the youngest child present. PG programming or its television equivalent shall not be shown to children under age 5. PG programming shall only be viewed by children age 5 and above and shall require written parental authorization. Any programming with a rating more restrictive than PG is prohibited. All video games shall be suitable for the youngest child with access to the games. E10+ rated games shall be permitted for children ages 10 years and older. T and M rated games are prohibited. S1 stated she was not aware of this requirement; however, she would compose this policy as soon as possible.

Not Met

Not Met

Not Met

Not Met

Not Met

Not Met

Statement of Deficiencies

1715-A.4: Criminal Background Check

1715-A.4: Personnel files for each staff member shall be maintained at the center and shall include the following: documentation of a fingerprint based satisfactory criminal background check

Finding:

1715-A.4 Based on record review/interview(s): S1 provided a copy of their certified right to review (RTR), however, the provider failed to obtain a new satisfactory criminal background check from the Louisiana State Police for this staff prior to the one year date of issuance of the previous certified criminal background check in order for the individual to continue employment at the center (1703.E). The criminal background check on file for S1 expired on May 20, 2016 and this staff person was present in the licensed child care facility on May 15, 2017. While S1 did obtain another copy of her RTR on May 28, 2016, she failed to obtain a criminal background check through the center. S1 stated she was unaware of this requirement and would correct.

1717-A: Independent Contractors Records

1717-A: Independent Contractors. The following information shall be maintained for all independent contractors, including but not limited to therapeutic professionals, extracurricular personnel, contracted transportation drivers, Department of Education, Office of Early Childhood staff and local school district staff:

- 1. an information form that includes the person's name, address and phone number
- 2. a list of duties performed while present at the center; and

3. documentation of a fingerprint based satisfactory criminal background check dated prior to the individual being present at the center or documentation of the paid, adult staff member not otherwise counted in child to staff ratios that accompanied the contractor at all times while the contractor was on the center premises, to include the date, contractor arrival and departure time, language stating that the contractor was accompanied by the staff member at all times while on the premises, and the signature of both the contractor and the accompanying staff member.

Finding:

1717-A Based on observations: Provider did not have documentation on file for Independent Contractors that included person's name, address, phone number, list of duties performed while at the center. Provider failed to have documentation of Independent contractor records for O1, O2, and O3.

1725-A.-D.: Medication Management Training

1725-A.-D.: A. All staff members who administer medication shall have medication administration training.

- B. Whether administering medication or not, each early learning center shall have at least two staff members trained in medication administration.
- C. Such training shall be completed every two years with an approved Child Care Health Consultant.
- D. A licensed practical nurse (LPN) or registered nurse (RN) with a valid nursing license shall be considered to have medication administration training.

Finding:

1725-A.-D. Based on interview(s): The provider did not have at least two staff members trained in medication administration whether the early learning center administers medication or not. S1 stated she was unaware that they center needed medication training as no medication is given; however, S1 stated that she will attain the required training.

1903-E.6: Outdoor - Crawlspaces

1903-E.6: Crawlspaces and mechanical, electrical, or other hazardous equipment shall be made inaccessible to children.

Finding:

1903-E.6 Based on observations: Crawlspace are not inaccessible to children as Specialist observed 2 rectangular cut out crawlspaces on the right bottom side of the building. Specialist also observed crawlspace on each side of the ramp in the play yard. All were accessible to children. S1 stated she will correct as soon as possible.

1911-E: Daily Reports for Infants

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 Based on interview(s): The provider lacked a daily written report for 2 of 2 infants. Staff corrected prior to Specialist departure.

Not Met

Not Met

Not Met

Statement of Deficiencies

1915-A: Health Services - Observation

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 Based on observations: The provider did not have documentation 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 as available for review. S1 stated that while the center documents daily observations, this record was taken home for review and not available at time of inspection.

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

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;
- 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 interview: The provider did not have documentation of incidents of incidents, injuries, accidents, illnesses, and unusual behaviors available fore review at time of inspection. S1 stated that while the center does document incidents, injuries, accidents, illnesses and unusual behavior, the log was taken home for review and not available at time of inspection.

1921-A: Emergency Preparedness and Evacuation Planning

1921-A: Emergency and Evacuation Plan. The director shall consult with appropriate state and local authorities and shall establish and follow a written multi-hazard emergency and evacuation plan to protect children in the event of emergencies that at a minimum shall:

1. address any potential disaster related to the area in which the center is located;

2. include procedures for sheltering in place, lockdown and evacuation to a pre-determined site for potential threats to the safety, health and wellbeing of children in care;

- 3. include specific procedures for handling infants through two year olds;
- 4. include specific procedures for handling children with special needs, including the evacuation and transportation of children in wheelchairs;
- 5. include a system to account for all children;
- 6. include a system, and a back-up system, for contacting parents and authorized third party release caretakers;
- 7. include a system to reunite children and parents following an emergency;
- 8. include procedures for providing information about the emergency plan to parents at the time of enrollment and when changes occur;
- 9. be reviewed annually for accuracy and updated as changes occur; and
- 10. be reviewed with all staff at least once per year.
- 11. practice drills shall be conducted at least twice per year to include all children and shall be documented.

Finding:

1921-A Based on interview(s): The provider failed to have a written multi-hazard emergency and evacuation plan to protect children in the event of emergencies that addresses the following any potential disaster related to the area in which the center is located, include procedures for sheltering in place, lockdown and evacuation to a pre-determined site for potential threats to the safety, health and well-being of children in care, include specific procedures for handling infants through two year olds, specific procedures for handling children with special needs, including the evacuation and transportation of children in wheelchairs:. The Provider did not have the following system in place for: to account for all children, a system, and a back-up system, for contacting parents and authorized third party release caretakers, a system to reunite children and parents following an emergency. S1 stated that while she has this plan in place, the binder containing this plan is not available at time of inspection.

Not Met

Not Met

Not Met

Statement of Deficiencies

1921-E: Tornado Drills

1921-E: Tornado drills shall be conducted at least once per month in the months of March, April, May, and June at various times of the day necessary to include all children and shall be documented.

Finding:

1921-E Based on interview(s): The provider did not have documentation of tornado drills that were conducted at least once per month during the months of March, April, May, and June. S1 stated that she has completed Tornado drills during the months of March and April; however, the binder containing this documentation is not present in the center at this time.