

## 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:

1103.A.-D. Based on record review at approximately 3:45 p.m., S1 failed to notify Child Welfare within 24 hours of the following critical incident: On 5/5/2023, S1 contacted S13 through text message at 5:23 p.m., with a photo of C1's, seven-years-old, right hand with visible bruising on the knuckle. O1 stated she informed S13, S16 (DOH: 11/21/2021) allegedly hit C1 on the hand with the handle of a pair of scissors. S1 reported the incident to the Department on 5/6/2023. This could not be corrected during the inspection.

Corrective Action Plan: Effective 5/25/2023, S1 stated she will review the critical incident regulation by 6/2/2023, and report all critical incidents to the Department and Child Welfare 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 at approximately 4:00 p.m., S1 failed to maintain 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 stated O3, DCFS Worker, came to the center on an unknown date during the week of 5/15/2023-5/19/2023 (to investigate the allegation involving S16 and C1. There was no documentation of O3's visit on the visitors log. This could not be corrected during the inspection.

Corrective Action Plan: Effective 5/25/2023, S1 stated she will re-train all staff by 6/2/2023, on the importance of ensuring that visitors are signed in to the center's visitors log before leaving the foyer to ensure compliance with the 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.i: Based on interviews at approximately 4:00 p.m., although the center has implemented a Behavior Management Policy prohibiting

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physical punishment, S16 (DOH: 11/21/2021) used physical punishment on C1, 7-years-old, 5/5/2023 at what time if known. C1 was hit on the knuckles by S16 with the handle of a pair of scissors, according to S17 and O1. S16 was terminated on 5/7/2023 due to the incident. C1 is still enrolled at the center. This could not be corrected during the inspection.

Corrective Action Plan: Effective 5/25/2023, S1 stated she re-viewed the Behavior Management Policy with all staff on 5/6/2023 to ensure compliance with this regulation.

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### 1723.F: CPR/Pediatric First Aid within 60 days

**Not Met**

1723.F: Within 60 calendar days from the date of hire and prior to assuming sole responsibility for any children, each staff member shall have current certification in pediatric first aid and CPR. During this period, caregivers and teachers who provide direct care for children must be supervised until training is completed.

#### Finding:

1723.F Based on observations at approximately 4:00 p.m., S1 failed to have current certification in pediatric first aid and CPR within 60 calendar days from the date of hire prior to assuming sole responsibility for any children. S6, was solely responsible for 10 two-to-three-year-olds during the inspection. This could not be corrected during the inspection.

Corrective Action Plan: Effective 5/25/2023, S1 stated she will schedule required staff for training by 6/2/2023, and have her trained by 7/2/2023, to ensure compliance with this regulation.

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