Statement of Deficiencies

1103-A.-D.: Critical Incidents and Required Notification

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 Licensing Division and other appropriate agencies shall be notified via email within 24 hours of the incident.

D. The Licensing Division 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 Licensing Division's Critical Incidents Report Form and shall contain all information requested on the form.

Finding:

1103-A.-D. Based on record review: The Provider failed to notify the Division of Licensing by written report within 24 hours of the incident or by the next business day as well as Child Welfare. The written notification shall be made on the Licensing Division's Critical Incidents Report Form and shall contain all information requested on the form. Provider failed to submit Critical incident report on the form for an incident that occurred at the center on 8/10/18. S8 stated that she did not report the incident to Child Welfare because the investigation had already started. S8 did call Child Welfare on 8/23/18 to make the report while Specialist was in center.

1503-A-C: General Liability Insurance Policy

1503-A-C: A. A center shall maintain in force at all times current commercial liability insurance for the operation of the center to ensure medical coverage for children in the event of accident or injury.

B. A center is responsible for payment of medical expenses of a child injured while in the center's care.

C. Documentation of commercial liability insurance shall consist of the insurance policy or current binder that includes the name of the early learning center, physical address of the center, name of the insurance company, policy number, period of coverage and explanation of the coverage.

Finding:

1503-A-C Based on interview(s): The provider was not responsible for payment of medical expenses of a child injured while in the provider's care as on 8/10/18 C1 was injured in the center by another child resulting in C1 breaking her arm. The provider did not offer the center's insurance to cover medical expenses.

1711-A-B-D-G: Child to Staff Ratio

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 one child is present.
- 2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
- D. Minimum Child to Staff Ratios for Type II and Type III centers:

Ages of Children Infants under 1 year			Ratio 5:1
1 year		7:1	
2 years			11:1
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 2, 3, 4 and 5

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 5 and older.

Finding:

1711-A-B-D-G Based on interview(s)/record review: Based on children daily attendance records; on 8/10/18 at 3:00pm when all classes merged to

Not Met

Not Met

Not Met

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room #1, 16 children were present ages infants - 4 year olds. Ratio of the group would have been 5:1 because of the infants in the room. The group would have needed 4 teachers to make ratio and only 3 were present in the room.

1713-E&F: Supervision Participation

1713-E&F:

E: While supervising a group of children, staff shall devote their time to supervising the children, meeting the needs of the children, and participating with them in their activities.

F: Staff duties that include cooking, housekeeping or administrative functions shall not interfere with the supervision of children.

Finding:

1713-E&F- Supervision participation- Based on interviews: While supervising a group of children, childcare staff did not devote their time to supervision of the children, meeting the needs of the children, and in participation with the children in their activities. On 8/16/18 during an interview, S2 stated that she was going over children daily attendance records and S3 was sweeping the floor when C2 pulled and twisted C1's right arm, which resulted in C1 to having a broken arm.

On 8/23/18 upon arrival to the center at about 1:30pm, Specialist observed S4 with ear buds in her ears looking over notes while supervising (7) 2-3 year olds at nap time. Specialist also observed S1 sitting in a rocking chair looking at her phone while supervising (4) infants that were napping.

1903-D.5: Room Capacity

1903-D.5: The number of children using a room shall be based on the 35 square feet per child requirement, except for dining, sleeping, and other non-routine activities such as film viewing and parties.

Finding:

1903-D.5 Based on interview(s): The number of children exceeded the 35 per square foot per child bases. On 8/10/18, per interviews, Room #1 had 16 children and the room capacity is 12 children. Based off of children daily attendance at 3:00pm on 8/10/18 room #1 had (1) 4 year old; (7) 3 year olds; (3) 2 year olds; (3) 1 year olds and (2) infants.

1909-D: Infants - Car Seats

1909-D: Written authorization from a physician is required for a child to sleep in a car seat or other similar device and shall include the amount of time that the child is allowed to remain in said device.

Finding:

1909-D Infants-Car seats: Based on interview: Written authorization from a physician was not available for 1 of 4 infants as required for infant to sleep in a car seat or other similar device. On 8/16/18 in an interview, S2 stated that on 8/10/18 she put C1 to sleep in a bouncy chair instead of a crib.

1911-G: Pacifier Attached

1911-G: Pacifiers attached to strings or ribbons shall not be placed around the neck or attached to the clothing of a child.

Finding:

1911-G Based on observations: Provider failed to remove string or ribbon from pacifier and was attached to clothing of a child. On 8/16/18 S7 showed a picture of C1 with another baby taken on 8/10/18. In the picture taken in the daycare, the infant was wearing a pacifier attached to the clothing with a ribbon.

Not Met

Not Met

Not Met

Not Met

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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:

The provider did not have documentation of incidents, injuries, accidents and also did not have 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. The incident occurred at approximately 3:00pm on 8/10/18 and the parent was not notified at pick up. On 8/10/18, C2 pulled and twisted C1's. The provider failed to let O1 know at pick up that another child had pulled and twisted C1's arm. After leaving the center, O1 sent a text message to S5 asking if anything had happened to C1 during the day because C1 was not using her right arm. O1 and O2 took C1 to the ER and it was determined that she had a broken arm.