1103-A-E: Critical Incidents and Required Notification

1103-A-E: 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;
- serious injury or illness that required medical attention; 2.

reportable infectious diseases and conditions listed in LAC 51.II.105; and 3.

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.
- The Licensing Division and other appropriate agencies shall be notified via email within 24 hours of the incident. C.
- 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 D.
- made on the Licensing Division?s Critical Incidents Report Form and shall contain all information requested on the form.
- Reporting deadlines may be adjusted in the event of a natural catastrophe and/or disaster, as determined by the Department. Ε.

Finding:

1103-A-E Based on record review/interview: The center failed to notify the Licensing Division via email within 24 hours of the incident and by written report within 24 hours of the incident on 3/26/17 where a 7 month old pulled a barrette from her hair, put it in her mouth and swallowed it. The barrette was removed by S5 removing the barrette with his finger based on review of the center incident report form dated and signed by S1, S5, and parent on 3/28/17.

1509-A.8. a-b: Behavior Management Policy

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: The center behavior management policy(discipline policy) failed to include all the prohibited methods of disciplines.

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

1509-A.8.c: Time Out

- Time out shall not be used for children under age 2. i.
- ii. A time out shall take place within sight of staff.
- 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. iii.

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 iv. time limit, from the parent granting such permission, is on file at the center.

Finding:

1509-A.8.c Based on record review: The center behavior management policy failed to advise that time out should not be used for children under age 2 and that children over age six can have time out extended beyond 1 minute per year off age, if a signed and dated statement, including a maximum time limit, from the parent granting such permission, is on file at the center.

Not Met

Not Met

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 record review: Center failed to have an electronic devices policy.

1509-A.10: Computer Practices Policy

1509-A.10: Computer Practices Policy that requires computers that allow internet access by children to be equipped with monitoring or filtering software that limits access by children to inappropriate web sites, e-mail, and instant messaging.

Finding:

1509-A.10 Based on record review: Center failed to have a computer practices policy.

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 record review: Center failed to have a programs, movies and video game policy.

1511-A.1: Physical Activity Procedure

1511-A.1: Physical Activity

a. Children under age two shall be provided time and space for age appropriate physical activity for a minimum of 60 minutes per day.b. Children age two and older shall be provided a minimum of 60 minutes of physical activity per day that includes a combination of both teacher led and free play.

Finding:

1511-A.1 Based on record review: Center's schedules reviewed on 8/21/17 failed to have the physical activity noted. Specialist was not able to determine if the teacher led activities are being conducted with children age two and older.

1511-A.3: Receiving and Releasing Children procedure

1511-A.3: An early learning center shall establish in writing and implement procedures for: Receiving and releasing a child from the center.

Finding:

1511-A.3 Based on record review: Center failed to have in writing the procedure for receiving the children into the center and releasing children from the center.

Not Met ies,

Not Met

Not Met

Not Met

1703.B: Visitors - CBC/Accompanied

1703.B: An early learning center shall obtain documentation of a satisfactory fingerprint based CBC for each visitor or independent contractor of any kind, prior to the person being present at the center or performing services for the center UNLESS the visitor or independent contractor WILL BE accompanied at all times while on the center premises by an adult, paid, staff member who is not being counted in child to staff ratios, and the center shall have copies of said documentation on-site at all times and available for inspection upon request by the Licensing Division.

1. Documentation of the paid, adult staff member not otherwise counted in child to staff ratios who accompanied a visitor or independent contractor at all times while the visitor or contractor was on the center premises shall include the date, arrival and departure time of the visitor or contractor, language stating that the visit or 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:

1703.B Based on record review: Center failed to have documentation of the paid, adult staff member not otherwise counted in child to staff ratios who accompanied O1, at all times while the O1 was on the center premises as evidence by review of the sign-in-log reviewed from 11/17/16-8/14/17. the documentation failed to include language stating that O1 was accompanied by a staff member at all times while on the premises, and the signature of both O1 and the accompanying staff member. O1 was inf the center 1/13/17, and 8/4/17. O1 failed to sign out on 8/4/17.

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			Ratio
Infants under 1 year			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:

The center failed to meet the required child to staff ratio for children on 8/21/17. Specialist observed 2 staff(S2 and S3) supervising 11 children. There was 1(6month old), 1(7month old), 3(9month olds), 1(10 month old), 1(11 month old), and 4 (1 year olds). There was a total of 7 infants in the room and 4 (1 year olds). One staff could only supervise 5 infants which left the other staff supervising the remaining 6 children with 2 of the children being infants and 4 of them being 1 year olds. The room was out of ratio by 1 child.

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:

Not Met

Not Met

1717-A Based on record review: Center failed to have an independent contractor record form that included the person's name, address and phone number, and a list of duties performed while present at the center. O2 failed to have an independent contractor record on file and was present in the center on 4/2/17, 5/22/17, 6/5/17, 6/20/17, 7/20/17, and 8/4/17. O3 failed to have an independent contractor record on file and was present in the center on 3/6/17. Dates were obtained from review of the center sign-in log dated 10/5/16-8/4/17.

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 record review/interview(s):

S2 and S3 failed to have documentation for 7 infants on 8/21/17 to include the liquid intake, food intake, disposition, bowel movements and eating and sleeping patterns. S2 completed the forms prior to specialist departure.

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 record review: Center staff failed to upon arrival of children at the center to document the physical condition of each child daily to observe possible signs of illness, infections, bruises or injuries, and when something was observed to included documentation of an explanation obtained from the parent or child. Specialist reviewed children observation reports but it did not include observations for all children only 6 children total on the following dates: 1/26/17, 5/12/17, 6/7/17, 6/23/17, 7/26/17, 7/31/17, 8/7/17, and 8/14/17. S1 stated that documentation is only done if something is observed on a child.

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;
- 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: Center staff faield to notify the parent when a head injury occurred in the center as evidence by review of center incident report forms reviewed on 8/21/17.

On 1/5/17, a 1 year old child was hit by a door as a parent entered the classroom at 4:07 pm which resulted in the child having a a scratch from his nose to his chin. Center documentation failed to note the name of the parent notified, time of notification, and who made the notification.

On 7/10/17 at 4pm a 9 month old was scratched on the cheek by another child. Center documentation failed to note the name of the parent notified, time of notification, and who made the notification.

1919-D: Meals Served

1919-D: A minimum of a breakfast or morning snack, lunch, and afternoon snack shall be served to children, and meals and snacks shall be served not more than three hours apart.

Not Met

Not Met

Not Met

Statement of Deficiencies

Finding:

1919-D Based on observations: Meals and snacks were be served more than three hour apart. Specialist on 8/21/17 observed the children being fed lunch beginning at about 1:30 pm. S1 stated that the children were served a late breakfast. Specialist observed 2 schedules. Daily schedule reviewed stated breakfast is served from 8:00am-8:30 am, lunch from 11am-11:30am, and snack from 3:00 pm-3:30pm. The toddler School schedule did not have breakfast listed, lunch from 11:00am-11:55am, and snack from 2:30 pm-3:25 pm. S1 stated breakfast is from 8:30am-9am, Lunch 11:30am-12pm, and snack is from 3pm-3:15 pm.

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 record review: Then center evacuation plan reviewed on 8/21/17 failed to include procedures for lockdown, specific procedures for handling infants through two years old, a system, and a back-up system, for contacting parents and authorized third party release caretakers, and a system to reunite child and parents following an emergency