

Statement of Deficiencies

713.A.: Office of Public Health, State Fire, City Fire Approval

Not Met

713.A.: Annual licensing inspections by the department, current approvals by the Office of Public Health, Office of State Fire Marshal, and city fire (if applicable), and academic approval by the department (if type III center) shall be required before the expiration of an existing license. However, if a center has documentation establishing that the center requested an inspection by the Office of Public Health or the Office of State Fire Marshal prior to the expiration of the existing license, these approvals may be submitted to the department within 90 calendar days of the date of the license renewal.

Finding:

713.A. Based on record review/interview at 3:30 PM on 9/21/2020, S1 failed to have documentation of current documentation of State Fire Marshall approval. The center was inspected by State Fire Marshall on 9/21/2020 and cited for failure to have fire extinguishers inspected annually.

Corrective Action Plan: Effective 9/21/2020, S2 stated she will contacted a Licensed Louisiana fire extinguisher firm to request an inspection and they are scheduled to come out tomorrow to ensure this deficiency is not cited again.

1719.A.&B.: Orientation Training

Not Met

1719.A.&B.: 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 orientation to the policies and practices of the center that at a minimum shall include:

1. child abuse identification and reporting;
2. emergency preparation;
3. licensing regulations; and
4. safe sleep practices.

B. Within 30 calendar days of date of hire, each staff member shall receive orientation to the additional policies and practices of the center that at a minimum shall include:

1. child development;
2. child guidance;
3. learning activities;
4. health and safety;
5. shaken baby prevention; and
6. CPR and first aid, as applicable.

Finding:

1719.A&B: Based on observations, record review and interviews on 9/21/2020, at 2:00 PM, the center failed to have documentation of orientation to the policies and practices of the center for S2, S4 and S5. S2 was hired 9/8/2020, S4 was hired 9/4/2020, and S5 was hired 9/18/2020. Specialist and S2 reviewed the staff files and found no orientation there. S2 and S1 stated today was S5's first day on the premises; and, she would receive orientation this afternoon. Specialist noted to them S5 was alone in the classroom when Specialist and S2 completed the walk-through. Specialist observed S9 walk to S4's class holding a yellow folder. Specialist observed moments after she returned to the building, S2 provided orientation documents for S2, S4, and S5 each dated on their hire dates. S9 stated she had the staff sign the orientation documents on today; however, S2 and S5 completed orientation when they were hired and failed to sign at that time. She stated she completed a brief orientation with S4 prior to having her sign her orientation document.

Corrective Action Plan: Effective 9/21/20, S2 stated she will complete a staff training to ensure this is not cited again.