

## 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. 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 department and other appropriate agencies 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.B.C.D. Based on record review/interview, S1 failed to notify the Department and Child Welfare within 24 hours and provide a written report to the Department within 24 hours or the next business day after being made aware of the following incident: On 10/11/2019, S1 stated she was contacted by O1 who stated that she received an anonymous call advising her that although she was told that C1 fell, he was spanked by S18, because he urinated on her. According to the incident report submitted 10/14/2019, it was documented to have been completed on 10/8/2019 but was completed on 10/9/2019 by S18, C1, a 1 year old, fell and hit his face on a toy in the classroom.

### 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.i. Based on record review/interview at 9:55 am, although the center had a written behavior management policy that prohibited the children from being subjected to corporal punishment, on 10/8/2019, C1, a 1-year-old old was spanked by S18. On 10/10/2019, O1 notified S1 via telephone that she had received a call from an employee who stated that he had not fell but was spanked for urinating on S18. According to the termination statement completed by S1 and signed by both S1 and S18, on 10/11/2019, S18 was terminated for spanking C1.

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### 1711.A.&B.&D.&G.: Child to Staff Ratio

Not Met

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:

1711. B.D. Based on interview, child to staff ratio was not met at all times. Per S1's verbal statement via telephone, on 10/15/2019, at 11:31 am, S17 was terminated because she left the classroom out of ratio on 10/8/2019. Per S17's verbal statement obtained via telephone, at 11:36 am, on 10/15/2019, she was terminated by S1 on 10/11/2019, for leaving the classroom where she was supervising children along with S18, on 10/8/2019. Per S17, she left the classroom and went to S8's classroom where she talked with a parent who was a relative that was present in S8's classroom, leaving the classroom out of ratio. According to the children attendance log dated 10/8/2019, there was a total of 9 children signed in.

### 1915.A.: Health Services - Observation

Not Met

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/interview at 9:47 am, the physical condition of each child failed to be documented for possible signs of illness, infections, bruised or injuries, and when something was observed. Specialist reviewed the daily observation report dated from 10/1/2019-10/7/2019 and noted that there failed to be any observations made after 10/7/2019. On 10/8/2019, it was reported that C1 fell and hit his face on a toy causing the left side of his face to be bruised. S17 and S18 failed to document the physical condition of C1 when he returned to the center on 10/9/2019 and 10/10/2019. S17 stated that C1 came in on 10/7/2019 with the scratch on his nose but it was not noted on the daily observation report. There failed to be documentation of whether or not the bruise was still observed on 10/9/2019. The center's documentation provided also failed to note whether all of the children are being checked upon their arrival to the center. S1 stated the center staff only makes documentation if something is seen on a child. Per S1's verbal statement obtained, staff only documents the physical condition of a child when something is observed. She stated that there is no documentation being kept on file at the center noting that all children who enter the center are observed for possible signs of illness infection, bruises or injuries if nothing is observed.

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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:

1915.C.2. Based on record review at 9:47 am. There failed to be documentation that O1 was notified immediately when it was stated that C1 fell and hit his face on a toy prior to 2:25 pm on 10/8/2019. Per S18's verbal statement obtained via telephone on 10/15/2019, at 11:58 am, on 10/8/2019, prior to lunch, C1 was running around in class when he fell and hit his face on a toy. She stated that she checked him and did not see anything bruises so there was no notification to the office or O1 at that time.