

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.-D.: Critical Incidents and Required Notifications: Based on interview of S1 at approximately 11:30AM the center failed to notify within 24 hours of the incident the Department and other appropriate agencies of the following critical incident: O1 stated that on 1/18/19 she was contacted by center staff that C1 was throwing up. O1 stated that when O2 arrived at the center he was then informed that C1 had ingested eggs which is listed on C1's child information and cumulative file as one of her food allergies. O1 stated that C1 was taken to the hospital after the incident and center was aware of the medical visit. S1 stated that she fixed breakfast on 1/18/19 and she failed to review the posted child allergy list in the kitchen. S1 stated that she did not contact the Department because she did not think it was relevant. S1 stated that the center also did not offer C1's parent medical coverage for the incident which occurred in the center because it was not discussed with O1. O1 stated that C1 was is not currently enrolled in the center due to this incident.

1509.A.9.: Electronic Devices Policy

Not Met

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 two and above shall not exceed two hours per day, with the exception that television, DVD, or video viewing shall be limited to no more than one hour per day;

Finding:

1509.A.9. Electronic Devices Policy: Based on observations at approximately 11:10 AM the center did not have the Electronic Devices Policy prominently posted and was unable to show parent's signature of receipt and also did not follow the Electronic Devices Policy as Electronic Devices were used by children under age 2 as evidenced by S5, who was responsible for (3) 1 y/o was with S4, who was responsible for (5) 3 y/o watching a video on television while the Specialist was completing the walk through of the center. S1 posted the Electronic Device Policy prior to the Specialist leaving the center.

1917.K.: Emergency Medication Plan and Records

Not Met

1917.K.: Emergency Medications

1. Children who require emergency medications, such as an EpiPen or Benadryl, shall have a written plan of action that shall be updated as changes occur or at least every six months, and shall include:
 - a. method of administration;
 - b. symptoms that indicate the need for the medication;
 - c. actions to take once symptoms occur;
 - d. description of how to use the medication; and e. signature of parent and date of signature.
2. Medication administration records for emergency medication shall be maintained and include the following:
 - a. symptoms that indicated the need for the medication;
 - b. actions taken once symptoms occurred;
 - c. description of how medication was administered;
 - d. signature of administering staff member; and
 - e. phone contact with the parent after administering emergency medication.

Finding:

1917.K.: Emergency Medication Plan and Records: Based on record review at approximately 12:45 PM the written Emergency Medication Plan of action for C1 was not updated as changes occur or at least every six months as evidenced by the center having a emergency medication plan in C1's file for school year 2017-2018 as of 1/18/19 when the center gave C1 a food item listed as a food allergy on her child information and cumulative file.