Date - 10/29/2020 License # - 51394 Action Code - 3 - COMPLAINT

# Statement of Deficiencies

## 1507.A.: Daily Attendance Records - Children

Not Met

1507.A.: A daily attendance record for children shall be maintained that shall:

- 1. include the child's first and last name, arrival and departure times, and first and last name of person or entity to whom the child is released;
- 2. accurately reflect children on the center premises at any given time; and
- 3. be used to sign in and out if a child leaves and returns to the center during the day.

#### Finding:

1507.A. Based on record review on 10/29/2020 @ 2:00 pm, S1 failed to document the center's daily attendance record for children present. The record did not accurately reflect the children on the child care premises at any given time as 6 children were present and 4 children were signed in on the log. S1 corrected the record while specialist was present.

Based on record review on 11/02/2020 @ 4:00 pm, S1 failed to document the center's daily attendance record for children present. The record did not accurately reflect the children on the child care premises at any given time as 12 children were present and 8 children were signed in on the log. S1 corrected the record while specialist was present.

Based on record review on 11/06/2020 @ 2:00 pm, S1 failed to document the center's daily attendance record for children present. The record did not accurately reflect the children on the child care premises at any given time as 5 children were present and 3 children were signed in on the log. S1 corrected the record while specialist was present.

Records reviewed on 10/29/2020, 11/02/2020 and 11/06/2020 failed to include the child's first and last name, arrival and departure times, and first and last name of person or entity to whom the child is released.

Corrective Action Plan: Effective 11/06/2020, S1 stated she will make sure that the children are signed in when they arrive and signed out when they leave. She will also make sure that the first and last name of the children and the parent to whom they are released is listed to avoid being re-cited.

## 1507.B.: Daily Attendance Records - Staff and Owners

Not Met

1507.B.: A daily attendance record for all staff members and owners shall be maintained that shall:

- 1. include the first and last name of the staff member or owner and arrival and departure times;
- 2. accurately reflect the staff members and owners on the center premises at any given time; and
- 3. be used to document staff members and owners who leave and return to the center during the day

#### Finding:

1507.B. Based on record review on 10/29/2020 @ 2:00 pm, S1 failed to maintain documentation of a daily attendance record for Staff and Owners, to include the time of arrival and departure. The record provided by S1 showed that she arrived at the center @ 6:50am on 10/22/2020 and S3 @ 9:01am, neither S1 nor S3 signed out. S1 corrected this while specialist was present.

S2, who was present on 10/29/2020 @ 2:00 pm when the specialist arrived, was not signed in. S1, who arrived @ 2:09 pm, completed the daily attendance record with arrival and departure times for herself and S3 for 10/22/2020, 10/23/2020, 10/26/2020, 10/27/2020, 10/28/2020, and 10/29/2020 and S2 for 10/29/2020. S3 was not observed present and S1 completed sign outs for 10/29/2020 for 6:35 pm prior to 6:35 pm.

On 11/06/2020, S1 failed to ensure that the staff daily attendance accurately reflect staff on the premises, as when the specialist arrived @ 2:00 pm only S3 was present. Based on review of the staff daily attendance record neither S1 nor S3 were signed in for 11/06/2020. S1 was observed leaving the center @ 2:00 pm and arriving back @ 2:10 pm. S1 was asked to sign out and back in with the times of her arrival and departure. (S1 documented that she left the center @ 2:10 pm and arrived back at 2:20 pm) S1 and S3 were also signed in on 11/03/2020, 11/04/2020, and 11/05/2020, but were not sign out. S1 corrected this while specialist was present.

Records reviewed on 10/29/2020, 11/02/2020, and 11/06/2020 failed to include the first and last name of the staff member or owner.

Corrective action plan: Effective 11/06/2020, S1 stated they will sign in and out daily using their first and last names avoid being re-cited.

Date - 10/29/2020 License # - 51394 Action Code - 3 - COMPLAINT

# Statement of Deficiencies

# 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. A. B. 1. Based on observation 10/29/2020 @ 2:00 pm , S1 failed to meet the child to staff ratio for infants (5 infants to one staff) and also have a minimum of 2 child care staff present at an early learning center when more than one child is present as one staff (S2) was supervising 6 children ages 7 mos-5 years old. S1 arrived @ 2:10 pm (while specialist was present, S1 completed the daily attendance record for 10/29/2020, documenting that she arrived at 6:50, departed at 1:25, and arrived back at 2:10). Ratio was corrected when S1 arrived.

Based on observation 11/06/2020 @ 2:00 pm, S1 failed to meet the child to staff ratio for infants (5 infants to one staff) and also have a minimum of 2 child care staff present at an early learning center when more than one child is present as one staff (S2) was supervising 6 children ages 7 mos-5 years old. S1 was observed leaving the center @ 2:00 pm and arriving back @ 2:10 pm. S1 was asked to sign out and back in with the times of her arrival and departure. (S1 documented that she left the center @ 2:10 pm and arrived back at 2:20 pm)

Corrective action plan: Effective 11/06/2020, S1 stated she will make sure that there are at least two staff members present to avoid being re-cited.

1st Corrective Action Plan submitted on 06/12/2020, S1 plans to hire additional staff to assist with breaks.

# 1713.A.&B.&C.: Supervision

**Not Met** 

1713.A.&B.&C.: A: Children shall be supervised at all times in the center, on the playground, on field trips, on non-vehicular excursions, and during all water activities and water play activities.

- B: Children shall not be left alone in any room, (except the restroom as indicated in Subsection G of this Section or when being provided services by therapeutic professionals, as defined in §103), outdoors, or in vehicles, even momentarily, without staff present.
- C: A staff person shall be assigned to supervise specific children whose names and whereabouts that staff person shall know and with whom the staff person shall be physically present. Staff shall be able to state how many children are in their care at all times.

#### Findina:

1713. A.B. Based on observation on 11/02/2020 @ 4:00 pm, S1 failed to ensure that all children were under supervision at all times as one child age 11 was observed sitting alone in the center's office. S3 stated the child observed in the office is S1's son. The child could be heard from the room where S1 and S3 were supervising, the child could not be seen unless S1 or S3 went into the room or stood to look through the window of the room.

On 11/06/2020 @ 2:04 pm, specialist observed two children, C4, age 7 months, and C8, age one, in a classroom alone. S3 who was the only staff present in the center. S3 was observed seated in the front classroom with 3 napping children. S3 could not see the two children in the classroom from where she was seated.

Corrective Action Plan: Effective 11/06/2020, S1 stated that supervision will be met at all times to avoid being re-cited

Date - 10/29/2020 License # - 51394 Action Code - 3 - COMPLAINT

# Statement of Deficiencies

1723.A.&B.: CPR Certification Not Met

1723.A.&B.: A. Infant and child CPR. Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in infant and child CPR through training approved by the department.

B. Adult CPR. Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in adult CPR through training approved by the department.

#### Finding:

1723. A. B. Based on record review on 10/29/2020 when specialist arrived @ 2:00 pm, S1 failed to have documentation that at least fifty percent (50%) of all staff on the premises and accessible to the children or at least four staff on the premises and accessible to children, whichever is less, have current certification in infant and child CPR through training approved by the department. 0 of 1 staff had documentation of this certification.

The center provides care for children eight years and older and did not have documentation that at least one staff member on the premises, accessible to children, was currently certified in Adult CPR through training approved by the department. 0 of 1 staff had documentation of this certification.

This was corrected at 2:09 pm when S1 arrived at the center. (Based on the daily attendance record completed by S1 on 10/29/2020, she left the center at 1:35 pm. S3 who was signed in by S1, was not present in the center when specialist arrived. Per S3's statement she did not work on 10/29/2020.)

Corrective action plan: Effective 11/06/2020, S1 stated that 50 % of the staff present will have the required training avoid being re-cited.

1723.C.: Pediatric First Aid Not Met

1723.C.: Pediatric First Aid. Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in pediatric first aid through training approved by the department.

#### Finding:

1723.C. Based on record review/observation 10/29/2020 @ 2:00 pm and 11/02/2020 @ 4:00 pm, S1 failed to have documentation that at least fifty percent (50%) of all staff on the premises and accessible to the children or at least four staff on the premises and accessible to children, whichever is less, have current certification in Pediatric First Aid through training approved by the department. @ 2:00 pm on 10/29/2020, 0 of 1 staff, @ 2:10pm on 10/29/2020, 0 of 2 staff , and @ 4:00 pm on 11/02/2020, 0 of 2 staff had documentation of this certification. (S1 was informed on 08/25/2020 that she failed to complete the certification that includes Pediatric First Aid, on 10/29/2020 S1 provided a screen-shot of a CPR/AED:Adult, child, infant standard first aid card from American Health Care Academy, this is not an approved provider)

(S1 obtained this certification on 11/01/2020)

Corrective action plan: Effective 11/06/2020, S1 stated that 50 % of the staff present will have the required training avoid being re-cited.

# 1807.B.: CCCBC-Based Determinations of Eligibility for Volunteers and Staff

Not Met

1807.B.: B. Volunteers and Staff. An early learning center shall obtain a CCCBC-based determination of eligibility for child care purposes from the department for each volunteer, staff member, or employee of any kind, and shall have documentation of said determination available at all times for inspection upon request by the Licensing Division.

#### Finding:

1807.B. Based on record review/interview(s) 10/29/2020 @ 3:00 pm, S1 failed to have a CCCBC-based determination of eligibility for child care purposes from the department for S2, prior to her being present at the center as evidence by S1's statement that she had not obtained a CCCBC for S2 because she does not have the money to pay for one. Per S1, S2 was hired on 10/29/2020. S2 was observed in the center alone with 6 children when specialist arrived. S1 arrived at 2:10 pm. S1 was informed that S2 had to vacate the premises, S2 left the center while the specialist was present.

Corrective Action Plan: Effective 11/06/2020, S1 stated she will make sure all future staff have a CCCBC-based determination of eligibility prior to them working in the center to ensure that this deficiency will not be re-cited.

1st Corrective Action Plan submitted on 08/25/2020, Effective 08/25/2020, S1 stated she will make sure all future staff have a CCCBC-based determination of eligibility prior to them working in the center to ensure that this deficiency will not be re-cited.

### 1919.H.: Infants Held While Bottle Fed

**Not Met** 

1919.H.: Infants that cannot hold a bottle shall be held while being bottle-fed. A child shall not be placed lying down on a mat or otherwise with a bottle, sippy cup, etc. A bottle shall not be propped at any time.

## Finding:

Kiddie Castle LLC 5322 Mansfield Road Shreveport, LA 71108 Date - 10/29/2020 License # - 51394 Action Code - 3 - COMPLAINT

# Statement of Deficiencies

1919.H. Based on observations on 10/29/2020, S1 failed to ensure that no bottles were propped. Specialist observed an infant in a swing wrapped in a blanket with a bottle propped on top of the blanket in the child's mouth. S2 was informed that the bottle could not be propped, S2 removed the bottle while specialist was present.

Corrective Action Plan: Effective 11/06/2020, S1 stated that bottles will no longer be propped to ensure that this deficiency will not be re-cited.

T.A. previously given to S1 on 06/12/2020.