

Statement of Deficiencies

1103.A.-C.: Critical Incidents and Required Notifications

Not Met

1103.A.-C.: A. 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. a child left unsupervised for any amount of time;
4. use of prohibited behavior management as described in §1509. of this Part;
5. allegations or suspicion of child abuse or neglect by center staff;
6. an accident involving the transportation of children;
7. any child given the wrong medication or an overdose of the correct medication;
8. any loss of power over two hours while children are in care;
9. a physical altercation between adults in the presence of children on the premises;
10. reportable infectious diseases and conditions outlined in LAC 51:II.105;
11. 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. Prioritization of Notifications. The following shall be notified immediately and in the order listed below as applicable:

1. emergency personnel when dealing with any medical incident.
2. law enforcement.
3. parent.

C. The following, as applicable, shall be notified via email within 24 hours of the incident, or no later than the next business day if the incident occurred on a Friday or on a recognized state holiday:

1. LDOE. This written notification shall be made for all of the critical incidents identified above, shall be made on the LDOE critical incidents report form, and shall contain all information requested on the form.
2. DCFS. Report all incidents that might constitute child endangerment including examples provided in mandated reporting training.
3. LDH. Report all incidents related to LDH regulations such as safety and sanitation issues as well as infectious diseases and conditions.
4. OSFM. Report all incidents related to OSFM regulations.
5. Any other appropriate agencies, including but not limited to, local or city fire marshal or the Department of Environmental Quality.

Finding:

1103.A.&C.: Based on record review/interview on 11/29/2023, at 12 p.m., staff failed to make immediate notification to O2, and LDOE and DCFS within 24 hours of the following critical incidents involving C2, three-years-old:

- On 10/3/2023, at 4:20 p.m., C2 was playing outside and fell onto the pea gravel, resulting in a bloody wound to her head. O2 was immediately notified at 4:24 p.m., by S2 (per Incident Report), arrived at the childcare center, at 4:42 p.m., (per Incident Report signed and dated by O2), and informed staff she would take C2 to the ER to be checked. At 5:44 p.m., O2 informed S1, C2 was cleared by the doctor. S17 notified LDOE of the critical incident on 11/30/2023, at 10:17 a.m.

- On 11/1/2023, at 4:30 p.m./4:45 p.m., after S3 instructed C2 to, "come sit down for a few minutes," C2 started to run away, and S3 went to catch and grab C2's left hand/arm to bring her to sit down. As S3 was walking and holding C2's left hand, C2 pulled away, fell down, and "dragged herself." While sitting in timeout, C2 stated to S3 her left wrist was hurting. S2 notified O2 of the incident at C2's pickup at 5:22 p.m. S17 notified LDOE of the critical incident on 11/7/2023, at 3:14 p.m., following O2 notifying S2, on 11/6/2023, at 5:32 p.m., S3 sprained C2's wrist on 11/1/2023.

Corrective Action Plan: Effective 12/4/2023, S17 stated a meeting was held on 11/8/2023 and included a review on reporting, notifying, and documenting timely. S17 will continue training on this topic during all future staff meetings, to ensure compliance with this regulation.

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/interview on 12/4/2023, at 11:15 a.m., the daily attendance record for staff members and owners failed to be maintained. S17 began working in the childcare center after 9/25/2023 and failed to sign in and out daily on the childcare center's attendance record. S17 began signing in and out of the attendance record on 11/6/2023, after gaining access to the electronic attendance record.

Corrective Action Plan: Effective 12/4/2023, S17 stated she will utilize a paper document for all staff attendance if the electronic record is not available for use at the childcare center's location, to ensure compliance with this regulation.

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1707.A.1.&2.: Required Staffing - Director or Director Designee

Not Met

1707.A.1.&2.: Director or Director Designee. Each center shall have a qualified director or qualified director designee.

1. The director or director designee shall be an on-site, full-time staff person at the center during the daytime hours of operation (prior to 9 p.m.). When the director is not an on-site full-time employee at the licensed location, there shall be a qualified director designee who is an on-site full-time employee at the licensed location.
2. The director or director designee shall be responsible for planning, managing, and controlling the center's daily activities, as well as responding to parental concerns and ensuring that minimum licensing requirements are met.

Finding:

1707.A.1.&2.: Based on record review on 11/29/2023, at 10:15 a.m., there failed to be a qualified Director, who is an on-site full time staff person at the center during the day time hours of operation (prior to 9:00 p.m.), and responsible for planning, managing, and controlling the center's daily activities, as well as responding to parental concerns and ensuring that minimum licensing requirements are met. S14's last day present was 8/4/2023.

Corrective Action Plan: Effective 12/4/2023, S17 stated she will maintain communication with the Licensing Consultant to complete all qualification requirements, to ensure compliance with this regulation.

1715.A.2.: Photo Identification

Not Met

1715.A.2.: Personnel files for each staff member shall be maintained at the center and shall include the following:

2. copy of a state or federal government issued photo identification;

Finding:

1715.A.2.: Based on record review on 11/29/2023, at 12 p.m., there failed to be a copy of a state or federal government issued photo identification for S20 and S21.

Corrective Action Plan: Effective 12/4/2023, S17 stated she will follow a checklist of documentation required and include in the staff personnel file at their time of hire, to ensure compliance with regulation.

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1719. A.- C.: Orientation Training

Not Met

1719. A.- C.: 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 center-specific orientation to the policies and practices of the center that at a minimum shall include information on the center:

1. child abuse identification and reporting, including phone numbers for mandatory reporting and suspected child abuse and neglect;
2. location of emergency exits and emergency preparedness plans;
3. handling of emergencies due to food/allergic reactions;
4. location of first-aid supplies;
5. list of children with allergies, children with disabilities, and children with special health care needs;
6. identification of critical staff including but not limited to staff trained in CPR and first aid and staff who can administer medicine;
7. child release policies and restrictions;
8. child-to-staff ratio policies;
9. daily schedules;
10. opening policy;
11. closing policy; and
12. transportation policy and vehicle inspection procedures.

B. 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 complete the LDE Key Training Module 1 and the DCFS online Mandated Reporter Training. Key Training Module 1 shall at a minimum include information on the following:

1. general emergency preparedness, including natural disasters and man-caused events;
2. professionalism;
3. health and safety, which includes: daily observations, supervision regulations, daily attendance, child to staff ratios, improper discipline, prohibited discipline, prevention of shaken baby syndrome, prevention of abusive head trauma and child maltreatment, food safety, choking risks recognition and reporting of child abuse and neglect;
4. administration of medication consistent with standards for parental consent;
5. prevention and response to emergencies due to food and allergic reactions;
6. appropriate precautions in transporting children, if applicable;
7. public health policies, prevention and control of infectious diseases, including immunization information;
8. handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
9. pediatric first aid and cardiopulmonary resuscitation (CPR);
10. prevention of sudden infant death syndrome and use of safe sleep practices;
11. outdoor play practices;
12. environmental safety; and
13. building and physical premises safety, including identification of and protection from hazards, bodies of water and vehicular traffic;
14. child release practices; and
15. critical incident practices and licensing regulations

C. Within 30 calendar days of the first day present at the center and prior to assuming sole responsibility for any children, each staff member shall complete the LDE Key Orientation Training Modules 2 and 3, that at a minimum shall include information on the following:

1. child development;
2. child guidance;
3. learning activities;
4. health and safety; and
5. early learning development standards.

Finding:

1719.C.: Based on record review on 12/4/2023, at 11:30 a.m., there failed to be documentation of S21's LDE Key Training Module 3 within 30 days of first day working on 10/18/2023.

Corrective Action Plan: Effective 12/4/2023, S17 stated she will have new hire staff complete all training requirements on their first day working, to ensure compliance with this regulation.

1807.B: CCCBC- Based Determination 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 childcare purposes from the department for each volunteer, staff member, or employee of any kind, and shall have documentation of said determination available on the center's CCCBC roster at all times for inspection upon request by the department.

Finding:

1807.B.: Based on record review on 11/29/2023, at 10:15 a.m., there failed to be documentation of CCCBC-based determination of eligibility for childcare purposes on the center's CCCBC roster for S20. S20's date of hire is 11/2/2023 and first day working is 11/3/2023. S17 corrected during

Little Blessings of Broussard
901 East Main Street
Broussard, LA 70518

Date - 11/29/2023
License # - 51418
Action Code - 12 - FOLLOW-UP to COMPLAINT

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inspection.

Corrective Action Plan: Effective 12/4/2023, S17 stated she will conduct daily review of the CCCBC roster to ensure staff are listed and will keep current with new hires to be added at their time of hire, to ensure compliance with this regulation.
