

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/interview on 12/26/2019 at approximately 10:45AM, S5 and S16 failed to maintain a daily attendance record that shall include the child's arrival times and accurately reflect children on the center premises at any given time as evidenced by the center's daily attendance log indicated that 37 of the 40 children present at the center were signed in. In S5's classroom, 2 of 3 children failed to have an arrival time documented on the daily attendance log for children dated 12/26/2019. In S8 and S16's classroom, 1 of 11 children also failed to have an arrival time documented on the daily attendance log for children dated 12/26/2019

Corrective Action Plan: S19 stated that she would correct immediately and inform all staff and parent's that all children must be signed in upon arrival. She also stated that she would instruct staff to ensure that all children are signed in upon arrival.

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: A Based on record review/interview at approximately 5:30 PM, S1 failed to provide orientation training within seven calendar days of the first day present at the center, and prior to assuming sole responsibility for any children that shall include at a minimum child abuse identification and reporting; emergency preparation; licensing regulations; and safe sleep practices for S5, S7, and S13 as evidenced by S1 failed to provide documentation that the training had been completed timely, S5, S7, and S13 did not have a completed orientation form in their employee file on 12/18/2019. S5 was hired on 11/18/2019, S7 was hired on 10/29/2019, and S13 was hired on 12/2/2019. S12 had a completed orientation form that indicated she was hired on 11/11/2019; however, she did not receive orientation training until 11/22/2019.

Corrective Action Plan: S19 stated that S1 stated that she completed the orientation training forms on 12/19/2019. S19 stated that she has completed orientation training with all the new staff since 11/04/2019, however, it was S1's responsibility to document all the orientation forms.

1725.A.-C.: Medication Management Training

Not Met

1725.A.-C.: A. All staff members who administer medication shall have medication administration training.

B. Whether the center is administering medication or not, each early learning center shall have at least two staff members trained in medication administration and at least one on the premises. A staff member who is a licensed practical nurse (LPN) or registered nurse (RN) with a valid nursing license shall be considered to have medication administration training.

C. Such training shall be completed every two years with an approved child care health consultant.

Finding:

1725.A. Based on record review/interview at approximately 4:03 PM, S1 failed to have proof that she was trained in medication administration prior to administering medication to C5, age 4, on 12/18/2019 as evidenced by the center's medication authorization form.

Corrective Action Plan: S1 stated that she has medication administration training; however, her certificate is at home. S1 also stated that she will file the certificate at the center on 12/20/2019 and will not administer medication until she has proof of her medication administration training.

Statement of Deficiencies

1811.A.&B.: Requests for CCCBC-Based Determinations of Eligibility

Not Met

1811.A.&B.: A. An early learning center or an entity identified in §1809 shall request and obtain from the department a new CCCBC-based determination of eligibility for child care purposes for each required person:

1. prior to the person being present or performing services at the center when children are present; and
2. not less than once during a five-year period.

B. An early learning center or an entity identified in §1809 shall not be required to request and obtain from the department a new CCCBC-based determination of eligibility for child care purposes for a required person, and instead shall be able to request and obtain from the department the person's CCCBC-based determination of eligibility provided to another in-state child care provider or entity identified in §1809, if:

1. a child care provider within the state or an entity requested and obtained a CCCBC-based determination of eligibility for child care purposes from the department for the person within the past five years, while the person was seeking employment or employed by a in-state child care provider or seeking to provide or providing services at an early learning center in Louisiana for an entity;
2. the department provided to the initial requesting child care provider or entity a CCCBC-based determination indicating the person was eligible for child care purposes; and
3. the person is still employed by a child care provider within the state, or is still providing services in an early learning center within the state for an entity, or has been separated from a child care provider within the state or an entity for less than 180 consecutive days.

Finding:

1811.a. Based on record review/interview on 12/26/2019 at approximately 12:30 PM, S1 failed to obtain a CCCBC-based determination of eligibility for child care purposes for S12 and S13 prior to them being present or performing services at the center when children are present as evidenced by both employee's timesheets indicate that they were present at the center prior to receiving a CCCBC- based determination of eligibility. S12 was hired and began working on 12/2/2019 and did not receive a CCCBC- based determination of eligibility until 12/5/2019. S13 was hired on 11/11/2019 and did not receive a CCCBC- based determination of eligibility until 11/12/2019.

Corrective Action Plan: S19 stated that she was unaware that staff could not work until they received an eligible CCCBC- based determination. S19 also stated that she is aware now and this will not happen again.

1909.D.: Infants - Car Seats

Not Met

1909.D.: Written authorization from a physician is required for a child to sleep in a car seat or other similar device and shall include the amount of time that the child is allowed to remain in said device.

Finding:

1909.D. Based on observations/interview at approximately 2:48 PM, S3 failed to obtain written authorization from a physician prior to allowing the child to sleep in a car seat of other similar device and shall include the amount of time the child is allowed to remain in said device as evidenced by specialist observed C2, age 4 months old, asleep in a swing while S3 was sitting in a rocking chair for approximately 3 minutes. A TA was given to the provider on 10/2/2019.

Corrective Action Plan: S3 stated that the child had just fallen asleep and she moved the child out of the swing immediately. S1 stated that she will address in the staff meeting scheduled on 01/07/2020.

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.B.&C Based on record review/interview at approximately at 3:36 PM, S8 failed to make immediate notification to parents when a child received an

Statement of Deficiencies

head, neck, or eye injury as evidenced by the accident report dated 12/06/2019 indicated that C3 and C4 received an injury to the head and the parent was not notified immediately. On 12/06/2019, S6 wrote incident reports documenting that C3, a 2 year old, was hit on the left side of his forehead by a wooden puzzle piece at 12:11 PM and C4, a 2 year old, fell face first on the floor resulting in a knot and bruise to his head at 12:35 PM. There were no times on either report documenting when the parent was notified. The provider was previously cited on 10/2/2019.

Corrective Action Plan: S1 stated that she will ensure that staff contacts her when a child receives a head, neck, or eye injury so that she may document the parental contact. S1 also stated that she will address in staff meeting on 01/07/2020.

1917.A.: Medication Authorization

Not Met

1917.A.: Written Authorization. No medication or special medical procedure shall be administered to a child unless authorized in writing by the parent. Such authorization shall include:

1. name of child;
2. drug name and strength;
3. date(s) to be administered;
4. directions for use, including the route (oral, topical), dosage, frequency, time and schedule and special instructions, if any. It is not acceptable to note "as indicated on bottle"; and
5. signature of parent and date of signature.

Finding:

1917.A. Based on record review/interview at approximately 4:03 PM, S4 failed to obtain a written authorization to include the signature of parent and date of the signature prior to administering medication to C1, age 2, as evidenced by the center's medication authorization form. S4 administered C1 a Benadryl tablet on 12/3/2019.

Corrective Action Plan: S1 stated that she will ensure that all staff are notified on 12/18/2019 and 12/19/2019 that parents should sign and date medication authorization forms prior to administering medication. S1 also stated that she will address this topic in a staff meeting scheduled to be held on 01/07/2020.

1917.D.: Medication Authorization - Non-Prescription Medication

Not Met

1917.D.: If a non-prescription medication label reads "consult a physician", the early learning center shall also maintain a written authorization from a licensed health care provider for the child to take the medicine.

Finding:

1917.D. Based on record review/observations/ interview at approximately 4:03 PM, S4 administered a Benadryl tablet to C1, age 2, on 12/3/2019 without obtaining written authorization from a licensed health care provider as specialist observed that the label instructs "do not use unless directed by a doctor" for children ages 2- 5 years old.

Corrective Action Plan: S1 stated that she will ensure that all staff are notified on 12/18/2019 and 12/19/2019 that medication should not be administered if the label reads "consult a physician." S1 also stated that she will address this topic in a staff meeting scheduled to be held on 01/07/2020.

1917.H.: Medication Administration Records

Not Met

1917.H.: Records. Medication administration records shall be maintained for all children regardless of who administers the medication. Records shall include the following:

1. name of the child and medication name and dosage administered;
2. date and time medication administered;
3. documentation of telephone contact with parent prior to giving "as needed" medication;
4. signature of person administering medication or witnessing the child administering own medication;
5. signature of person completing the form; and
6. when a parent administers medication to his/her own child on center premises, the medication administration record shall be documented by either the parent or a staff member.

Finding:

1917.H. Based on record review/interview at approximately 4:03 PM, S4, S15, and S16 failed to maintain a complete medication administration record as evidenced by the medication authorization forms dated 11/18/2019-12/11/2019 indicates that S4, S15, and S16 administered as needed medication to C1, age 2, on 11/18/2019, 12/3/2019, and 12/11/2019 without contacting the parent prior to administering the medication. S4 administered C1 a Benadryl tablet on 12/3/2019. S15 administered C1 5 ml of Ibuprofen on 11/18/2019. S16 administered C1 5ml of Ibuprofen on 12/11/2019. The provider was previously cited on 10/2/2019.

Statement of Deficiencies

Corrective Action Plan: S1 stated that she will ensure that all staff are notified on 12/18/2019 and 12/19/2019 that parents should be notified prior to administering as needed medication. S1 also stated that she will address this topic in a staff meeting scheduled to be held on 01/07/2020.
