

## PROPOSED REVISIONS

### Bulletin 139---Louisiana Child Care and Development Fund Programs

#### §103. Definitions.

*Child Care Health Consultant*—qualified health and safety professional approved by LDH to provide training, consultation, and technical assistance to in- and out-of-home child care facilities and early childhood education staff (and parents) on health and safety topics.

*Group Size*—the number of children assigned to a teacher or team of teachers occupying an individual classroom or well-defined space within a large room

*Non-vehicular excursions* —any activity that takes place away from the home that is within a safe, reasonable, walking distance from the home, and that does not require transportation in a motor vehicle. This does not include walking with children to and from schools.

*Key Orientation Training Module 1*—a self-paced, online training provided by the department for new providers and staff that addresses early childhood professionalism, health and safety, licensing and hazards.

*Key Orientation Training Module 2*—a self-paced, online training provided by the department for new providers and staff that addresses child development, early learning and development standards (ELDS), and learning activities.

*Key Orientation Training Module 3*—a self-paced, online training provided by the department for new providers and staff that addresses teacher-child interaction, child guidance, and classroom management.

*Supervision*-- the function of observing, overseeing, and guiding a child or group of children, that includes awareness of and responsibility for the ongoing activity of each child and being near enough to intervene if needed.

*Water Activity*—a water-related activity in which children are in, on, near and accessible to, or immersed in, a body of water, including but not limited to a swimming pool, wading pool, water park, river, lake, or beach.

*Water Play Activity*—water-related activity in which there is no standing water, including but not limited to fountains, sprinklers, water slip-and-slides and water tables.

*Written*— includes electronic form.

#### §309. Specific Certification and Registration Requirements for Family Child Care Providers

A. To be certified as a CCAP provider, in addition to the requirements in §305 of this Part, a family child care provider must meet the following requirements, which include but are not limited to the requirements for registration as a family child care provider pursuant to R.S. 17:407.61 et seq.

A.1 – A.9.

10. Medication Administration Training. Provide documentation of current medication administration training with a child care health consultant approved by LDH.

1011. Pre-Service Orientation Training. Complete the following four hours of pre-service orientation training that includes the department’s Key Orientation Training Modules 1, 2 and 3 and DCFS’ online Mandate Reporter training prior to initial certification, maintain documentation verifying completion of the training, and submit the documentation with the application for certification to the department.

— a four hour training that includes, at a minimum, information on recordkeeping, recognizing signs of child abuse, child abuse prevention and mandatory reporting of suspected cases of child abuse or

~~neglect, communicating with parents, age appropriate activities for young children, child development, child safety and nutritional needs of children;~~

~~b. training that includes information on the following:~~

- ~~i. prevention and control of infectious disease;~~
- ~~ii. immunization schedules and requirements;~~
- ~~iii. prevention of sudden infant death syndrome and use of safe sleeping practices;~~
- ~~iv. prevention of and response to emergencies due to food and allergic reactions; and~~
- ~~v. prevention of shaken baby syndrome and abusive head trauma;~~

~~e. medication administration training completed with a qualified health and safety professional, a child care health consultant, approved by LDH to provide training, consultation, and technical assistance to child care providers on health and safety topics every two years.~~

~~a. The pre-service orientation training shall at a minimum include information on the following:~~

- ~~i. general emergency preparedness, including natural disasters and man-caused disasters,~~
- ~~ii. professionalism,~~
- ~~iii. health and safety, including 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, and recognition and reporting of child abuse and neglect,~~
- ~~iv. administration of medication consistent with standards for parental consent.~~
- ~~v. prevention and response to emergencies due to food and allergic reactions,~~
- ~~vi. appropriate precautions in transporting children, if applicable;~~
- ~~vii. public health policies, including prevention and control of infectious diseases and immunization information;~~
- ~~viii. handling and storage of hazardous materials and appropriate disposal of bio-contaminants;~~
- ~~ix. pediatric first aid and cardiopulmonary resuscitation (CPR);~~
- ~~x. prevention of sudden infant death syndrome and use of safe sleep practices;~~
- ~~xi. outdoor play practices;~~
- ~~xii. environmental safety;~~
- ~~xiii. building and physical premises safety, including identification of and protection from hazards, bodies of water and vehicular traffic;~~
- ~~xiv. child release practices; and~~
- ~~xv. critical incident practices.~~

~~11. Annual Training. Annually complete 12 clock hours of training in safety and health topics and job related subject areas approved by the department. Documentation verifying completion of the required training shall be maintained by the provider and made available for inspection upon request by the department. Pre-service orientation training counts toward the annual training requirement in the certification period taken.~~

## **12. Continuing Training.**

~~a. Annually complete 12-clock hours of training in safety and health topics and job-related subject areas approved by the department. Continuing training shall be completed with trainers approved by the department. The department shall keep a registry of approved trainers.~~

~~b. Annually complete DCFS' online Mandated Reporter Training.~~

~~c. Documentation verifying completion of all required trainings shall be maintained on-site by the provider, whether as hard copies or in electronic form, and made available for inspection upon request by the department.~~

~~d. Pre-service orientation training, infant/child/adult CPR, pediatric first aid training, and medication administration training may count as annual training requirements in the certification period in which they are taken.~~

**13. Children's Daily Attendance.** A daily attendance record for children shall be maintained that shall:  
a. 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;  
b. accurately reflect children in care at any given time; and  
c. be used to sign in and out if a child leaves and returns to the home during the day.

~~14.~~ **Transportation.** If transportation is provided, the provider shall  
a. use child safety restraints (car seat belts, child restraining seats, infant carrier seats, etc.) as required by law in the transportation of children in care;  
b. take precautions necessary to ensure the safety of children being transported; and  
c. develop written emergency procedures and actions to be taken in the event of an accident or breakdown;  
d. maintain a current driver's license and current automobile insurance as required by law;  
e. obtain written permission from a parent to transport the child; and  
f. maintain a transportation log for each trip to be used to track children during transportation, which shall include the child's name, the date, time and place of pick up and drop off, and the name of the person to whom a child is released.

~~13. Parental Consent.~~ Obtain written permission from a parent to administer medication to a child in care.

**15. Medication Administration**

a. No medication or special medical procedure shall be administered to a child unless authorized in writing by the parent.  
b. Such authorization shall include the name of the child, drug name and strength, date(s) to be administered, directions for use, including route, dosage, frequency, time and special instructions if applicable, and signature of parent and date of signature.

~~14.~~ **Immunizations.** Obtain satisfactory evidence of immunization against, or an immunization program in progress, for vaccine-preventable diseases for each child in care, according to the schedule approved by the Office of Public Health, Department of Health and Hospitals:

- a. if vaccination is contraindicated for medical reasons, the parent shall provide a written statement from a physician indicating said medical reasons; or
- b. if the parent objects to the immunizations for any other reason, the parent shall provide a written statement of dissent.

~~15.~~ **Hazardous Materials.** Keep items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils in a secure place that is inaccessible to children.

~~16.~~ **Building and Physical Premises.** Identify and protect children from safety hazards in the residence and on the premises, such as uncovered electrical outlets, strings and cords, bodies of water, and vehicular traffic.

~~17.~~ **Emergency Preparedness Disaster Plan.** Develop, practice and train on, and follow, a written emergency preparedness disaster plan that includes at a minimum:

- a. procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions;
- b. procedures for all adults living in, or working in the residence where care is provided, or working on the property where care is provided; and

c. posting in a visibly accessible area all appropriate emergency phone numbers, such as fire and police, hospitals and Louisiana Poison Control, and the physical address and phone number for the residence in which care is provided. ~~posted in a prominent, easily visible location.~~

**1820. First Aid Supplies.** Maintain first aid supplies in the residence.

**1921. Inspections.** Allow inspection of the residence where care is provided by department staff and other authorized inspection personnel and parents of children in care, during normal working hours or when children are in care.

**22. Supervision.** Children shall be supervised at all times in the home, on the property, on field trips, on non-vehicular excursions, and during all water activities and water play activities.

**23. Behavior Management.**

a. Provider shall develop, implement and follow a written behavior management policy describing the methods of behavior guidance and management that shall be used at the home.

b. The behavior management policy shall prohibit:

i. physical or corporal punishment which includes but is not limited to yelling, slapping spanking, yanking, pinching or other measures producing physical pain, putting anything in the mouth of the child, requiring a child to exercise, or placing a child in an uncomfortable position,

ii. verbal abuse,

iii. the threat of prohibitive action even if there is no intent to follow through with the threat,

iv. being disciplined by another child, being bullied by another child or being deprived of food or beverages,

v. being restrained in high chairs or feeding tables for disciplinary purposes, and

vi. having active play time withheld for disciplinary purposes, except timeout may be used during active play time for an infraction incurred during the playtime;

c. Time out:

i. time out shall not be used for children under age two;

ii. a time out shall take place within sight of staff;

iii. the length of each time out shall be based on the age of the child and shall not exceed one minute per year of age;

**24. Group Size.** A provider may care for a maximum of six children.

**25. Child-to-Staff Ratios.** The maximum child-to-staff ratio shall be 6:1.

**26. Safe Sleep Practices**

a. Only one infant shall be placed in a crib.

b. All infants shall be placed on their backs for sleeping.

i. Written authorization from a physician is required for any other sleeping position.

ii. Written notice of the specifically authorized sleeping position shall be posted on or near the crib.

c. Infants shall not be placed in positioning devices, unless the provider has written authorization from a physician to use a positioning device.

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.

e. “Back to Sleep” signs shall be posted in the room where infants sleep.

f. Infants who use pacifiers shall be offered their pacifier when they are placed to sleep, but it shall not be placed back in the mouth once the child is asleep.

g. Bibs shall not be worn by any child while asleep.

- h. Nothing shall be placed over the head or face of an infant.
- i. A safety approved crib shall be available for each infant.

**27. Health Related Policies.** The provider shall have a written copy of all health-related policies including policies regarding accidents, allergic reactions, fever, illness, immunizations, and infection and injuries, and shall provide a copy to the parent or guardian of each child in care.

**28. Immediate Parental Notification.** The parent shall be immediately notified in the following circumstances:

- a. blood not contained in an adhesive strip;
- b. head or neck or eye injury;
- c. human bite that breaks the skin;
- d. animal bite;
- e. impaled object;
- f. broken or dislodged teeth;
- g. allergic reaction skin changes (e.g. rash, spots, swelling, etc.);
- h. unusual breathing;
- i. symptoms of dehydration;
- j. temperature reading over 101° oral, 102° rectal, or 100° axillary; or
- k. injury or illness requiring professional medical attention.

**29. Items that Can Be Harmful to Children.** Items such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils that can be harmful to children shall kept in a locked cabinet or other secure place that ensures they are inaccessible to children.

### **30. Critical Incidents and Required Notifications**

a. A provider shall make immediate notification to emergency personnel, law enforcement as applicable, and other appropriate agencies for the following types of critical incident involving children in care:

- i. death;
- ii. serious injury or illness that requires medical attention;
- iii. a child left unsupervised for any amount of time;
- iv. use of prohibited behavior management as described in Paragraph A.23 of this Section;
- v. allegations or suspicion of child abuse or neglect by center staff;
- vi. an accident involving the transportation of children; or
- vii. 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 home.

2. The parent shall be contacted immediately following any immediate notification made under Paragraph 1.

3. The department and other appropriate agencies, such as the Department of Children and Family Services (DCFS), the Louisiana Department of Health (LDH), and the Office of State Fire Marshall, as applicable, shall be notified via email within 24 hours of the incident.

**B31. Inspections.** Family child care providers receiving CCAP payments or certified to receive CCAP payments shall be inspected no less than annually by department staff or other authorized inspection personnel.

#### a. Deficiency Reviews

i. Managerial Review. A provider may submit a written request to the department, on a form provided by the department, for a managerial review of the accuracy of cited deficiency or the accuracy of a statement within a cited deficiency. The written request for managerial review must be received by the

department within 10 calendar days of the provider's receipt of the cited deficiency. Management will review and respond in writing within 10 calendar days of receipt of the written request.

ii. Second Request for Review. If the cited deficiency is upheld in managerial review, the provider may submit a written request for a second review within 10 calendar days of receipt of the written response to the managerial review. All information to be considered in the second review must be timely submitted in writing. A panel will review the cited deficiency and provide a written response to the provider within 10 calendar days of receipt of the second request for review.

### **§311. Specific Certification Requirements for In-Home Child Care Providers**

A. To be certified as a CCAP provider, in addition to the requirements in §305, an in-home care provider must meet the following requirements which include, but are not limited to, the requirements for registration as an in-home provider pursuant to R.S. 17:407.61 et seq.

A.1. – A.8

9. **Medication Administration Training.** Provide documentation of current medication administration training with a child care health consultant approved by LDH.

10. **Pre-Service Orientation Training.** Complete the following four hours of pre-service orientation training that includes the department's Key Orientation Training Modules 1, 2, and 3 and DCFS' only Mandated Reporter training prior to initial certification, maintain documentation verifying completion of the training and submit the documentation with the application for certification to the department.

~~a.— a four hour training that includes at a minimum, information on recordkeeping, recognizing signs of child abuse, child abuse prevention and mandatory reporting of suspected cases of child abuse or neglect, communicating with parents, age appropriate activities for young children, child development, child safety and nutritional needs of children;~~

~~b.— training that includes information on the following:~~

~~i.— prevention and control of infectious disease;~~

~~ii.— immunization schedules and requirements;~~

~~iii.— prevention of sudden infant death syndrome and use of safe sleeping practices;~~

~~iv.— prevention of and response to emergencies due to food and allergic reactions; and~~

~~v.— prevention of shaken baby syndrome and abusive head trauma; and~~

~~e.— medication administration training completed with a qualified health and safety professional, a child care health consultant, approved by LDH to provide training, consultation, and technical assistance to child care providers on health and safety topics every two years.~~

a. The pre-service orientation training shall at a minimum include information on the following:

i. general emergency preparedness, including natural disasters and man-caused disasters,

ii. professionalism,

iii. health and safety, including 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, and recognition and reporting of child abuse and neglect,

iv. administration of medication consistent with standards for parental consent.

v. prevention and response to emergencies due to food and allergic reactions,

vi. appropriate precautions in transporting children, if applicable;

vii. public health policies, including prevention and control of infectious diseases and immunization information;

viii. handling and storage of hazardous materials and appropriate disposal of bio-contaminants;

ix. pediatric first aid and cardiopulmonary resuscitation (CPR);

x. prevention of sudden infant death syndrome and use of safe sleep practices;

- xi. outdoor play practices;
- xii. environmental safety;
- xiii. building and physical premises safety, including identification of and protection from hazards, bodies of water and vehicular traffic;
- xiv. child release practices; and
- xv. critical incident practices and licensing regulations;

~~10. Annual Training. Annually complete 12 clock hours of training in safety and health topics and job-related subject areas approved by the department. Documentation verifying completion of the required training shall be maintained by the provider and made available for inspection upon request by the department. Pre-service orientation training counts toward the annual training requirement in the certification period taken.~~

**11. Continuing Training.**

- a. Annually complete 12-clock hours of training in safety and health topics and job-related subject areas approved by the department. Continuing training shall be conducted by trainers approved by the department. The department shall keep a registry of approved trainers.
- b. Annually complete DCFS' online Mandated Reporter Training.
- c. Documentation verifying completion of required trainings shall be maintained on-site by the provider, whether as hard copies or in electronic form, and made available for inspection upon request by the department.
- d. Pre-service orientation training, infant/child/adult CPR, pediatric first aid training, and medication administration training may count as annual training requirements in the certification period in which they are taken.

12. Children's Daily Attendance. A daily attendance record for children shall be maintained that shall accurately reflect children in care at any given time.

~~11~~**13. Transportation.** If transportation is provided, the provider shall:

- a. use child safety restraints (car seat belts, child restraining seats, infant carrier seats, etc.) as required by law in the transportation of children in care;
- b. take precautions necessary to ensure the safety of children being transported; ~~and~~
- c. develop written emergency procedures and actions to be taken in the event of an accident or breakdown;
- d. maintain a current driver's license and current automobile insurance as required by law;
- e. obtain written permission from a parent to transport the child; and
- f. maintain a transportation log for each trip to be used to track children during transportation, which shall include the child's name, the date, time and place of pick up and drop off, and the name of the person to whom a child is released.

~~12. Parental Consent.~~ Obtain written permission from a parent to administer medication to a child in care.

**14. Medication Administration**

- a. No medication or special medical procedure shall be administered to a child unless authorized in writing by the parent.
- b. Such authorization shall include the name of the child, drug name and strength, date(s) to be administered, directions for use, including route, dosage, frequency, time and special instructions if applicable, signature of parent and date of signature.

**1315. Immunizations.** Obtain satisfactory evidence of immunization against, or of an immunization program in progress, for vaccine-preventable diseases for each child in care, according to the schedule approved by the Office of Public Health, Department of Health and Hospitals:

- a. if vaccination is contraindicated for medical reasons, the parent shall provide a written statement from a physician indicating said medical reasons; or
- b. if the parent objects to the immunizations for any other reason, the parent shall provide a written statement of dissent.

**1416. Hazardous Materials.** Keep items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils in a secure place that is inaccessible to children.

**1517. Building and Physical Premises.** Identify and protect children from safety hazards in the home and on the premises, such as uncovered electrical outlets, strings and cords, bodies of water, and vehicular traffic.

**1618. Emergency Preparedness Disaster Plan.** Develop, practice and train on, and follow, a written emergency preparedness disaster plan that includes at a minimum:

- a. procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions; ~~and~~
- b. procedures for all adults living in, or working in the residence where care is provided, or working on the property where care is provided; and
- c. posting in a visibly accessible area all appropriate emergency phone numbers, such as fire and police, hospitals and Louisiana Poison Control, and the physical address and phone number for the residence in which care is provided. ~~posted in a prominent, easily visible location.~~

**1719. First Aid Supplies.** Maintain first aid supplies in the home.

**1820. Inspections.** Allow inspection of the home where care is provided by ~~LDE~~ department staff and other authorized inspection personnel during normal working hours or when children are in care.

**21. Supervision.** Children shall be supervised at all times in the home, on the property, on field trips, on non-vehicular excursions, and during all water activities and water play activities.

**22. Behavior Management.**

- a. Provider shall develop, implement and follow a written behavior management policy describing the methods of behavior guidance and management that shall be used at the home.
- b. The behavior management policy shall prohibit:
  - i. physical or corporal punishment which includes but is not limited to yelling, slapping spanking, yanking, pinching or other measures producing physical pain, putting anything in the mouth of the child, requiring a child to exercise, or placing a child in an uncomfortable position,
  - ii. verbal abuse,
  - iii. the threat of prohibitive action even if there is no intent to follow through with the threat,
  - iv. being disciplined by another child, being bullied by another child or being deprived of food or beverages,
  - v. being restrained in high chairs or feeding tables for disciplinary purposes, and
  - vi. having active play time withheld for disciplinary purposes.
- c. Time out:
  - i. time out shall not be used for children under age two;
  - ii. a time out shall take place within sight of staff;



iii. the length of each time out shall be based on the age of the child and shall not exceed one minute per year of age;

23. Group Size. A provider may care for a maximum of six children.

24. Child-to-Staff Ratios. The maximum child-to-staff ratio shall be 6:1.

25. Safe Sleep Practices

- a. Only one infant shall be placed in a crib.
- b. All infants shall be placed on their backs for sleeping.
  - i. Written authorization from a physician is required for any other sleeping position.
  - ii. Written notice of the specifically authorized sleeping position shall be posted on or near the crib.
- c. Infants shall not be placed in positioning devices, unless the provider has written authorization from a physician to use a positioning device.
- 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.
- e. "Back to Sleep" signs shall be posted in the room where infants sleep.
- f. Infants who use pacifiers shall be offered their pacifier when they are placed to sleep, but it shall not be placed back in the mouth once the child is asleep.
- g. Bibs shall not be worn by any child while asleep.
- h. Nothing shall be placed over the head or face of an infant.
- i. A safety approved crib shall be available for each infant.

26. Health Related Policies. The provider shall have a written copy of all health-related policies including policies regarding accidents, allergic reactions, fever, illness, immunizations, and infection and injuries, and shall provide a copy to the parent or guardian of each child in care.

27. Immediate Parental Notification. The parent shall be immediately notified in the following circumstances:

- a. blood not contained in an adhesive strip;
- b. head or neck or eye injury;
- c. human bite that breaks the skin;
- d. animal bite;
- e. impaled object;
- f. broken or dislodged teeth;
- g. allergic reaction skin changes (e.g. rash, spots, swelling, etc.);
- h. unusual breathing;
- i. symptoms of dehydration;
- j. temperature reading over 101° oral, 102° rectal, or 100° axillary; or
- k. injury or illness requiring professional medical attention.

28. Items that Can Be Harmful to Children. Items such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils that can be harmful to children shall kept in a locked cabinet or other secure place that ensures they are inaccessible to children.

29. Critical Incidents and Required Notifications

- a. A provider shall make immediate notification to emergency personnel, law enforcement as applicable, and other appropriate agencies for the following types of critical incident involving children in care:
  - i. death;
  - ii. serious injury or illness that requires medical attention;

- iii. a child left unsupervised for any amount of time;
  - iv. use of prohibited behavior management as described in Paragraph A.23 of this Section;
  - v. allegations or suspicion of child abuse or neglect by center staff;
  - vi. an accident involving the transportation of children; or
  - vii. 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 home.
2. The parent shall be contacted immediately following any immediate notification made under Paragraph 1.
  3. The department and other appropriate agencies, such as the Department of Children and Family Services (DCFS), the Louisiana Department of Health (LDH), and the Office of State Fire Marshall, as applicable, shall be notified via email within 24 hours of the incident.

**30. Inspections.** In-home child care providers receiving CCAP payments or certified to receive CCAP payments shall be inspected no less than annually by LDE staff or other authorized inspection personnel.

a. Deficiency Reviews

i. Managerial Review. A provider may submit a written request to the department, on a form provided by the department, for a managerial review of the accuracy of cited deficiency or the accuracy of a statement within a cited deficiency. The written request for managerial review must be received by the department within 10 calendar days of the provider's receipt of the cited deficiency. Management will review and respond in writing within 10 calendar days of receipt of the written request.

ii. Second Request for Review. If the cited deficiency is upheld in managerial review, the provider may submit a written request for a second review within 10 calendar days of receipt of the written response to the managerial review. All information to be considered in the second review must be timely submitted in writing. A panel will review the cited deficiency and provide a written response to the center within 10 calendar days of receipt of the second request for review.

**§313. Specific Certification Requirements for Public School and BESE-Approved Nonpublic School Child Care Centers**

A. To be certified as a CCAP provider, in addition to the requirements in §305, a public school or BESE-approved nonpublic school day care center must meet the following requirements: requirements in §305, and in addition,

1. *Brumfield v Dodd Approval.* A BESE-approved nonpublic school day care center must also be *Brumfield v. Dodd*-approved.

2. **State Fire Marshal.** Provide written verification of current State Fire Marshal approval.

3. **Determination of Eligibility for Child Care Purposes.** Provide documentation of a CCCBC-based determination of eligibility for child care purposes by the department for required persons in compliance with Chapter 18 of Bulletin 137, Louisiana. Early Learning Center Licensing Regulations.

4. **CPR.** Provide documentation of current certification in infant, child and adult CPR.

5. **Pediatric First Aid.** Provide documentation of current certification in pediatric first aid.

6. **Medication Administration Training.** Provide documentation of current medication administration training with a child care health consultant approved by LDH.

~~**B. Emergency Preparedness Disaster Plan.** Develop, practice and train on, and follow, a written emergency preparedness disaster plan that includes at a minimum:~~

- ~~1. procedures for evacuation, relocation, shelter in place, lock down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers (if applicable), children with disabilities, and children with chronic medical conditions;~~
- ~~2. procedures for staff and volunteer emergency preparedness training and practice drills; and~~
- ~~3. appropriate emergency phone numbers, such as fire and police, hospitals and Louisiana Poison Control, and the physical address and phone number for the facility in which care is provided posted in a prominent, easily visible location.~~

~~**C. Pre-Service Orientation.** Provider has in place pre-service orientation, and procedures and training included in other applicable BESE Bulletins on the following safety and health topics:~~

- ~~1. prevention and control of infectious diseases (including immunization);~~
- ~~2. prevention of sudden infant death syndrome and use of safe sleeping practices, if applicable;~~
- ~~3. administration of medication, consistent with standards for parental consent;~~
- ~~4. prevention of and response to emergencies due to food and allergic reactions;~~
- ~~5. building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;~~
- ~~6. prevention of shaken baby syndrome and abusive head trauma, if applicable;~~
- ~~7. emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;~~
- ~~8. handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;~~
- ~~9. precautions in transporting children (if applicable);~~
- ~~10. first aid and cardiopulmonary resuscitation (CPR).~~

~~**7. Pre-Service Orientation Training.** Each staff member shall complete four hours of pre-service orientation training that includes the department's Key Orientation Training Modules 1, 2 and 3 and DCFS' online Mandate Reporter training prior to initial certification, maintain documentation verifying completion of the training, and submit the documentation with the application for certification to the department.~~

- ~~a. The pre-service orientation training shall at a minimum include information on the following:~~
  - ~~i. general emergency preparedness, including natural disasters and man-caused disasters,~~
  - ~~ii. professionalism,~~
  - ~~iii. health and safety, including 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, and recognition and reporting of child abuse and neglect,~~
  - ~~iv. administration of medication consistent with standards for parental consent.~~
  - ~~v. prevention and response to emergencies due to food and allergic reactions,~~
  - ~~vi. appropriate precautions in transporting children, if applicable;~~
  - ~~vii. public health policies, including prevention and control of infectious diseases and immunization information;~~
  - ~~viii. handling and storage of hazardous materials and appropriate disposal of bio-contaminants;~~
  - ~~ix. pediatric first aid and cardiopulmonary resuscitation (CPR);~~
  - ~~x. prevention of sudden infant death syndrome and use of safe sleep practices;~~
  - ~~xi. outdoor play practices;~~
  - ~~xii. environmental safety;~~
  - ~~xiii. building and physical premises safety, including identification of and protection from hazards, bodies of water and vehicular traffic;~~
  - ~~xiv. child release practices; and~~
  - ~~xv. critical incident practices and licensing regulations;~~

~~**8. Continuing Training.**~~

~~a. Annually complete 12-clock hours of training in safety and health topics and job-related subject areas approved by the department. Continuing training shall be conducted by trainers approved by the department. The department shall keep a registry of approved trainers.~~

- b. Annually complete DCFS' online Mandated Reporter Training.
- c. Documentation verifying completion of all required trainings shall be maintained on-site by the center, whether as hard copies or in electronic form, and made available for inspection upon request by the department.
- d. Pre-service orientation training, infant/child/adult CPR, pediatric first aid training, and medication administration training may count as annual training requirements in the certification period in which they are taken.
- e. The three hours of training by a child care health consultant on infectious diseases, health and safety, and/or food service preparation required in LAC 51:XXI.301.A.9 shall not count towards the annual training requirements.

**9. Children's Daily Attendance.** A daily attendance record for children shall be maintained that shall:

- a. 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;
- b. accurately reflect children in care at any given time; and
- c. be used to sign in and out if a child leaves and returns to the center during the day.

**10. Transportation.** If transportation is provided, the center shall:

- a. use child safety restraints (car seat belts, child restraining seats, infant carrier seats, etc.) as required by law in the transportation of children in care;
- b. take precautions necessary to ensure the safety of children being transported;
- c. develop written emergency procedures and actions to be taken in the event of an accident or breakdown;
- d. maintain a current driver's license and current automobile insurance as required by law;
- e. obtain written permission from a parent to transport the child; and
- f. maintain a transportation log for each trip to be used to track children during transportation, which shall include the child's name, the date, time and place of pick up and drop off, and the name of the person to whom a child is released.

**11. Medication Administration**

- a. No medication or special medical procedure shall be administered to a child unless authorized in writing by the parent.
- b. Such authorization shall include the name of the child, drug name and strength, date(s) to be administered, directions for use, including route, dosage, frequency, time and special instructions if applicable, signature of parent and date of signature.

**12. Immunizations.** Obtain satisfactory evidence of immunization against, or an immunization program in progress, for vaccine-preventable diseases for each child in care, according to the schedule approved by the Office of Public Health, Department of Health and Hospitals:

- a. if vaccination is contraindicated for medical reasons, the parent shall provide a written statement from a physician indicating said medical reasons; or
- b. if the parent objects to the immunizations for any other reason, the parent shall provide a written statement of dissent.

**13. Hazardous Materials.** Keep items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils in a secure place that is inaccessible to children.

**14. Building and Physical Premises.** Identify and protect children from safety hazards in the residence and on the premises, such as uncovered electrical outlets, strings and cords, bodies of water, and vehicular traffic.

**15. Emergency Preparedness Disaster Plan.** Develop, practice and train on, and follow, a written emergency preparedness disaster plan that includes at a minimum:

a. procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions;

b. procedures for all adults living in, or working in the residence where care is provided, or working on the property where care is provided; and

c. posting in a visibly accessible area all appropriate emergency phone numbers, such as fire and police, hospitals and Louisiana Poison Control, and the physical address and phone number for the residence in which care is provided.

**16. First Aid Supplies.** Maintain first aid supplies at the center.

**17. Supervision.** Children shall be supervised at all times in the facility, in the yard, on field trips, on non-vehicular excursions, and during all water activities and water play activities.

**18. Behavior Management.**

a. Center shall develop, implement and follow a written behavior management policy describing the methods of behavior guidance and management that shall be used at the center.

b. The behavior management policy shall prohibit:

i. physical or corporal punishment which includes but is not limited to yelling, slapping, spanking, yanking, pinching or other measures producing physical pain, putting anything in the mouth of the child, requiring a child to exercise, or placing a child in an uncomfortable position,

ii. verbal abuse,

iii. the threat of prohibitive action even if there is no intent to follow through with the threat,

iv. being disciplined by another child, being bullied by another child or being deprived of food or beverages,

v. being restrained in high chairs or feeding tables for disciplinary purposes, and

vi. having active play time withheld for disciplinary purposes.

c. Time out:

i. time out shall not be used for children under age two;

ii. a time out shall take place within sight of staff;

iii. the length of each time out shall be based on the age of the child and shall not exceed one minute per year of age;

**19. Child to Staff Minimum Ratios.** The minimum child to staff ratios are as follows:

<b>Minimum Child-to-Staff Ratios</b>	
<b>Ages of Children</b>	<b>Ratio</b>
<u>3 years</u>	<u>13:1</u>
<u>4 years</u>	<u>15:1</u>
<u>5 years</u>	<u>19:1</u>
<u>6 years and up</u>	<u>23:1</u>

**20. Group Size** – The maximum group sizes are as follows:

<b>Maximum Group Sizes</b>	
<b>Age of Children</b>	<b>Maximum Group Size</b>
<u>3 years</u>	<u>26</u>
<u>4 years</u>	<u>30</u>
<u>5 years</u>	<u>38</u>
<u>6 years and up</u>	<u>46</u>

21. **Health-related Policies.** The center shall have a written copy of all health-related policies including policies regarding accidents, allergic reactions, fever, illness, immunizations, and infection and injuries, and shall provide a copy to the parent or guardian of each child in care.

22. **Immediate Parental Notification.** The parent shall be immediately notified in the following circumstances:

- a. blood not contained in an adhesive strip;
- b. head or neck or eye injury;
- c. human bite that breaks the skin;
- d. animal bite;
- e. impaled object;
- f. broken or dislodged teeth;
- g. allergic reaction skin changes (e.g. rash, spots, swelling, etc.);
- h. unusual breathing;
- i. symptoms of dehydration;
- j. temperature reading over 101° oral, 102° rectal, or 100° axillary; or
- k. injury or illness requiring professional medical attention.

23. **Items that Can Be Harmful to Children.** Items such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils that can be harmful to children shall kept in a locked cabinet or other secure place that ensures they are inaccessible to children.

~~D24. **Inspections.** Allow inspection of the facility where care is provided by department staff and other authorized inspection personnel during normal working hours and when children are in care.~~

~~E. **Monitoring.** Department will monitor compliance at a minimum annually.~~

~~F. **Determination of eligibility for child care purposes.** Provide documentation of a CCCBC based determination of eligibility for child care purposes by the department in compliance with Chapter 18 of Bulletin 137—Louisiana Early Learning Center Licensing Regulations.~~

## 25. Critical Incidents and Required Notifications

a. A provider shall make immediate notification to emergency personnel, law enforcement as applicable, and other appropriate agencies for the following types of critical incident involving children in care:

- i. death;
- ii. serious injury or illness that requires medical attention;
- iii. a child left unsupervised for any amount of time;
- iv. use of prohibited behavior management as described in Paragraph A.23 of this Section;
- v. allegations or suspicion of child abuse or neglect by center staff;
- vi. an accident involving the transportation of children; or
- vii. 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.

2. The parent shall be contacted immediately following any immediate notification made under Paragraph 1.

3. The department and other appropriate agencies, such as the Department of Children and Family Services (DCFS), the Louisiana Department of Health (LDH), and the Office of State Fire Marshall, as applicable, shall be notified via email within 24 hours of the incident.

**26. Inspections.** Centers receiving CCAP payments or certified to receive CCAP payments shall be inspected no less than annually by LDE staff or other authorized inspection personnel.

a. Deficiency Review

i. Managerial Review. A provider may submit a written request to the department, on a form provided by the department, for a managerial review of the accuracy of cited deficiency or the accuracy of a statement within a cited deficiency. The written request for managerial review must be received by the department within 10 calendar days of the provider's receipt of the cited deficiency. Management will review and respond in writing within 10 calendar days of receipt of the written request.

ii. Second Request for Review. If the cited deficiency is upheld in managerial review, the provider may submit a written request for a second review within 10 calendar days of receipt of the written response to the managerial review. All information to be considered in the second review must be timely submitted in writing. A panel will review the cited deficiency and provide a written response to the center within 10 calendar days of receipt of the second request for review.