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Inspection Report

Provider Name: The Kidstruction Zone	Provider Information	CLR No: L383118
Provider Address: 290 Dick Castleman Bypass, Mayfield, KY, 42066	Provider Type: LICENSED TYPE I	Capacity: 40
Owner(s): The Kidstruction Zone LLC		Director(s): Gibson, Nichole Kenny

Inspection Type: Investigation	Inspection Information	Inspection No: 219666
Date Initiated: 04/13/2017 1:00 PM	Date Concluded: 04/13/2017 2:51 PM	
	No. of Children Present: 22	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
Employee Records	Not In Compliance
300 - Background checks/left alone	Not In Compliance

922 KAR 2:090. Section 6. License Issuance.
(5) An individual described in subsection (4) of this section shall:
(a) Submit to background checks described in paragraph (b) of this subsection;
(b) May be employed or work with a child on a probationary basis for up to ninety (90) calendar days, pending completion of a:
1. Child abuse or neglect check using the central registry in accordance with 922 KAR 1:470;
2. Criminal records check required by KRS 199.896(19);
3. Criminal records check for any previous state of residence if the person resided outside the state of Kentucky in the last five (5) years; and
4. An address check of the Sex Offender Registry; and
(c) Not be left alone in the presence of a child until copies of the background checks in accordance with paragraph (b) of this subsection have been received by the licensee.

Findings:

General: Based on a review of documentation, a caregiver hired 10-1-16, had been employed past the 90 day probationary period and did not have a completed out-of-state criminal records check for Louisiana. An application was on file dated 2-8-17 but a processed criminal records check was not on file. Louisiana was listed on the child abuse and neglect check as a state where the caregiver had lived within the last five (5) years.

320 - TB Verification	Not In Compliance
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922 KAR 2:110. Section 5. Staff Requirements.
(1) Child-care center staff:
(b) Shall provide, prior to employment and every two (2) years thereafter:
1. A statement from a health professional that the individual is free of active tuberculosis; or
2. A copy of negative tuberculin results.

Findings:

General: Based on a review of documentation, a caregiver, hired 1-26-15, TB verification was dated 1-20-15.

Programming	In Compliance
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Signature of Provider/Representative

Title

Date