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Inspection Report

Provider Name: KCEOC St. Gregory Head Start Center	Provider Information Provider Type: LICENSED TYPE I	CLR No: L355330
Provider Address: 329 Sycamore Street, Barbourville, KY, 40906		Capacity: 20
Owner(s): KCEOC Community Action Partnership, Inc.		Director(s): Saylor, Melissa Choi

Inspection Type: Renewal Application	Inspection Information	Inspection No: 307291
Date Initiated: 09/23/2021 8:50 AM	Date Concluded: 09/23/2021 11:00 AM	
	No. of Children Present: 7	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	Not In Compliance
360 - Staff Evaluation	Not In Compliance

922 KAR 2:090. Section 10. Director Requirements and Responsibilities.
(1) A director shall:
(j) Assess each staff person's interaction with children in care and classroom performance through an annual written performance evaluation;

Findings:

General: Based on review of documentation presented, the survey found the following:

1. A staff (DOH: 08/01/2016) member's file did not that did not contain an annual written performance evaluation. Staff member's latest evaluation was dated 04/18/2019. During interview with staff, it was confirmed that the file did not contain an updated evaluation.
2. A staff member's (DOH: 10/23/1973) member's file did not that did not contain an annual written performance evaluation. During interview with staff, it was confirmed that the file did not contain an evaluation

Employee Records	
405 - TB Verification	Not In Compliance

922 KAR 2:090. Section 11. 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 review of documentation presented, the surveyor found the following:

1. A staff member's (DOH: 08/01/2016) file did not contain an updated statement from a health professional that the individual is free of active tuberculosis; or an updated copy of negative tuberculin results. Staff member's latest statement on file was dated 08/22/2019.
2. A staff member's (DOH: 03/12/1997) file did not contain an updated statement from a health professional that the individual is free of active tuberculosis; or an updated copy of negative tuberculin results. Staff member's latest statement on file was dated 08/05/2019.

Inspection Report

435 - Training

Not In Compliance

922 KAR 2:090. Section 11. Staff Requirements.

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:
(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child-care program;
(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training; and
(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.
(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

Findings:

General: Based on review of documentation provided and review of ECE-TRIS, the surveyor found the following:

1. One (1) staff member (DOH: 08/01/2016) last completed the one and one half (1 ½) hours of pediatric abusive head trauma (PAHT) training on 08/10/2016. A review of the staff member's file and a review of ECE-TRIS found no additional PAHT training; therefore, the PAHT training was not completed within five (5) years. During interview, staff stated she did not realize that the PAHT was past due.

Programming	In Compliance
Premises	In Compliance
Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	In Compliance
Transportation	In Compliance
Kitchen Requirements	In Compliance
Food Service	In Compliance
Meal Planning/Center Provides Meals	In Compliance
Meal Planning/Center Does Not Provide Meals	In Compliance
Children's Records	Not In Compliance

1245 - Immunization

Not In Compliance

922 KAR 2:090. Section 9. Records.

(1) A child-care center shall maintain:
(a) A current immunization certificate for each child in care within thirty (30) days of the child's enrollment, unless an attending physician or the child's parent objects to the immunization of the child pursuant to KRS 214.036;

Findings:

General: Based on review of documentation presented, the surveyor found the following:

1. The most recent immunization certificate presented for child (DOE: 06/25/2021) was no longer current as of 09/16/2021.
2. The most recent immunization certificate presented for child (DOE: 07/13/2021) was no longer current as of 06/30/2021.
3. The most recent immunization certificate presented for child (DOE: 06/21/2021) was no longer current as of 06/10/2021.

During interview, staff stated verified that these were the most recent certificates in the children's files.

Written Documentation	Not In Compliance
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1280 - Professional Development

Not In Compliance

922 KAR 2:090. Section 9. Records.

(1) A child-care center shall maintain:
(f) A written annual plan for child-care staff professional development;

Findings:

General: Based on review of documentation presented, the surveyor found the following:

1. A staff (DOH: 08/01/2016) member's file did not that did not contain an annual professional development plan. Staff member's latest plan was dated 07/29/2019. During interview with staff, it was confirmed that the file did not contain an updated professional development plan.
2. A staff (DOH: 10/23/1973) member's file did not that did not contain an annual professional development plan. During interview with staff, it was confirmed that the file did not contain an annual professional development plan.

Posted Documentation	In Compliance
Animals	In Compliance

Signature of Provider/Representative

Title

Date