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Inspection Report

Provider Name: Wee Kare	Provider Information	CLR No: L356035
Provider Address: 300 Henry Street, Junction City, KY, 40440	Provider Type: LICENSED TYPE I	Capacity: 40
Owner(s): Wee Kare, L.L.C.		Director(s): Hardin, Cheryl Ann

Inspection Type: Renewal Application	Inspection Information	Inspection No: 322300
Date Initiated: 11/01/2022 11:30 AM	Date Concluded: 11/01/2022 1:55 PM	
	No. of Children Present: 26	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	Not In Compliance

225 - Licensee Responsibility **Not In Compliance**

922 KAR 2:090. Section 8. General.
(1) A licensee shall:
(a) Be responsible for the operation of the child-care center pursuant to this administrative regulation, 922 KAR 2:120, and 922 KAR 2:280; and
(b) Protect and assure the health, safety, and comfort of each child.

Findings:

General: Based on observation, the surveyor found the following:

- One (1) bottle of Anti-Bacterial Hand Soap placed on the sink in the restroom located by the Two Year Old Classroom and Four-Five Year Old Classroom that read, "Keep Out of the Reach of Children," on the label.
- One (1) bottle of Ecolab Hand Sanitizer and two (2) bottles of Hand Sanitizer Gel that read, "Keep Out of the Reach of Children," on the labels and were placed on a table that was located at the head of the entry way.
- The surveyor observed different stacks of storage containers placed on a blue bench that lined part of the wall in the hallway by the Three Year Old Classroom and exit door that led to the playground. The storage containers did not appear to be secured.

Therefore, the health, safety and comfort of the children was compromised.

Inspection Report

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, the surveyor found the following:

- 1. A staff's (DOH: 10/21/21) file did not contain an annual written performance evaluation; therefore, the surveyor was unable to determine that the evaluation was completed annually.
- 2. A staff's (DOH: 07/30/21) file did not contain an annual written performance evaluation; therefore, the surveyor was unable to determine that the evaluation was completed annually.
- 3. A staff's (DOH: 08/30/20) file did not contain an annual written performance evaluation; therefore, the surveyor was unable to determine that the evaluation was completed annually.
- 4. A staff's (DOH: 05/01/09) file contained an annual written performance evaluation that was not dated; therefore, the surveyor was unable to determine that the evaluation was completed annually.
- 5. A staff's (DOH: 12/09/97) file contained an annual written performance evaluation dated for 07/25/21; therefore, the evaluation was not completed annually.
- 6. A staff's (DOH: 04/06/15) file contained an annual written performance evaluation dated for 06/11/21; therefore, the evaluation was not completed annually.
- 7. A staff's (DOH: 10/10/16) file contained an annual written performance evaluation dated for 06/16/21; therefore, the evaluation was not completed annually.

Employee Records

Not In Compliance

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, the surveyor found that a staff's (DOH: 10/17/22) file did not contain documentation of a current TB skin test or a statement from a health professional stating that the adult was free from active tuberculosis. During interview, staff-in-charge stated that the staff person was going this week to have a TB skin test.

410 - CPR/First Aid Coverage

Not In Compliance

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

(3) For a child-care center licensed for infant, toddler, or preschool-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:

- (a) Infant and child cardiopulmonary resuscitation; and**
- (b) Infant and child first aid.**

(4) For a child-care center licensed for school-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:

- (a) Adult cardiopulmonary resuscitation; and**
- (b) First aid.**

(5) Cardiopulmonary resuscitation (CPR) and first aid training shall be in addition to the fifteen (15) clock hours requirement in subsection (16) of this section.

Findings:

General: Based on review of documentation, the surveyor found that none of the center staff's files contained current certification in CPR/First Aid. Staff-in-charge stated that the staff have current certification in CPR/First Aid; however, they have not received their updated cards yet.

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 ECE-TRIS, the surveyor found that a staff (DOH: 10/21/21) did not obtain one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training; therefore, the training was not completed within one (1) year of employment.

Programming

In Compliance

Premises

In Compliance

Inspection Report

Hygienic Practices

In Compliance

First Aid/Medication

In Compliance

Outdoor Play Area

Not In Compliance

795 - Playground Conditions

Not In Compliance

922 KAR 2:120. Section 4. Premises Requirements.

(20) An outdoor play area shall be:

- (d) Safe from foreseeable hazard;**
- (e) Well drained;**
- (f) Well maintained;**
- (g) In good repair; and**
- (h) Visible to staff at all times.**

Findings:

General: Based on observation, the surveyor found the following:

1. Two (2) red cozy coupes that were missing one (1) door each and one (1) red cozy coupe that was missing two (2) doors located on the front playground.
2. A yellow car that contained a broken steering wheel located on the front playground.
3. A red car that was missing the steering wheel exposing blue/yellow/black cables located on the front playground.
4. One (1) red tricycle that was missing two (2) rubber handles and contained a cracked seat on both edges of the seat, one (1) red tricycle that was missing two (2) rubber handles, and one (1) red tricycle that contained a cracked seat in the center of the seat located on the front playground.
5. What appeared to be a red walker/ride on toy located on the front playground that was missing part of the seat belt.
6. A green plastic toy located on the front playground that contained broken plastic exposing a jagged edge.
7. A yellow plastic toy with a handle located on the back playground that contained broken plastic exposing a jagged edge. The toy was located in an area that was squared off with black borders.
8. A pink/purple plastic vanity set located on the back playground that contained a plastic mirror that was broken and exposed a jagged edge.
9. A loose bolt that was hanging down on the bottom side of a metal playhouse located on the back playground.

800 - Protective Surface

Not In Compliance

922 KAR 2:120. Section 4. Premises Requirements.

(21) A protective surface shall:

- (a) Be provided for outdoor play equipment used to:**
 - 1. Climb;**
 - 2. Swing; and**
 - 3. Slide; and**
- (b) Have a fall zone equal to the height of the equipment.**

Findings:

General: Based on observation, the surveyor found that the protective surface around a red dome climber located on the back playground was depleted; therefore, the climber did not have an adequate fall zone.

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, the surveyor found the following:

1. A child's (DOE: 07/01/19) file contained an immunization certificate that was no longer current as of 07/09/22.
2. A child's (DOE: 06/21/21) file contained an immunization certificate that was no longer current as of 10/30/22.
3. A child's (DOE: 06/01/21) file contained an immunization certificate that was no longer current as of 11/28/21.

1250 - Enrollment Information

Not In Compliance

922 KAR 2:090. Section 9. Records.

(1) A child-care center shall maintain:

(b) A written record for each child:

- 1. Completed and signed by the child's parent;
- 2. Retained on file on the first day the child attends the child-care center; and
- 3. To contain:
 - a. Identifying information about the child, which includes, at a minimum, the child's name, address, and date of birth;
 - b. Contact information to enable a person in charge to contact the child's:
 - (i) Parent at the parent's home or place of employment;
 - (ii) Family physician; and
 - (iii) Preferred hospital;
 - c. The name of each person who is designated in writing to pick-up the child;
 - d. The child's general health status and medical history including, if applicable:
 - (i) Allergies;
 - (ii) Restriction on the child's participation in activities with specific instructions from the child's parent or health professional; and
 - (iii) Permission from the parent for third-party professional services in the child-care center;
 - e. The name and phone number of each person to be contacted in an emergency involving or impacting the child;
 - f. Authorization by the parent for the child-care center to seek emergency medical care for the child in the parent's absence;

Findings:

General: Based on review of documentation, the surveyor found that a child's (DOE: 10/21/19) file did not contain the contact telephone number for the child's preferred hospital or family physician.

Written Documentation

Not In Compliance

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, the surveyor found the following:

- 1. A staff's (DOH: 10/21/21) file did not contain a professional development plan; therefore, the surveyor was unable to determine that the plan was completed annually.
- 2. A staff's (DOH: 05/01/09) file contained a professional development plan that was not dated; therefore, the surveyor was unable to determine that the plan was completed annually.
- 3. A staff's (DOH: 12/09/97) file contained a professional development plan dated 07/25/21; therefore, the plan was not completed annually.
- 4. A staff's (DOH: 04/06/15) file contained a professional development plan dated 06/11/21; therefore, the plan was not completed annually.
- 5. A staff's (DOH: 12/09/97) file did not contain a professional development plan; therefore, the surveyor was unable to determine that the plan was completed annually.
- 6. A staff's (DOH: 10/10/16) file contained a professional development plan dated 06/16/21; therefore, the plan was not completed annually.
- 7. A staff's (DOH: 07/30/21) file did not contain a professional development plan; therefore, the surveyor was unable to determine that the plan was completed annually.
- 8. A staff's (DOH: 08/30/20) file did not contain a professional development plan; therefore, the surveyor was unable to determine that the plan was completed annually.

Posted Documentation

In Compliance

Animals

In Compliance

Signature of Provider/Representative

Title

Date