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Inspection Report

Provider Name: Brighter Beginnings Academy	Provider Information	CLR No: L383660
Provider Address: 338 Stanford Avenue, Danville, KY, 40422	Provider Type: LICENSED TYPE I	Capacity: 38(Bldg 1: 43)
Owner(s): Brighter Beginnings Academy, LLC		Director(s): Blake, Marissa Crank

Inspection Type: Renewal Application	Inspection Information	Inspection No: 318310
Date Initiated: 09/27/2021 11:39 AM	Date Concluded: 09/27/2021 3:22 PM	
	No. of Children Present: 22	

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:

1. A coat and a blanket, placed in two (2) separate cubbies, were sticking out of the cubbies touching; thus, there was potential for cross-contamination.
2. Liquid hand soap placed in the Boys & Girls restrooms state on the label "Keep Out of Reach of Children"; thus, the liquid hand soap was accessible to the children.

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: 6/30/17) personnel file contained a written performance evaluation was dated for 7/10/18.
2. A staff's(DOH: 8/12/19) personnel file contained a written performance evaluation was dated for 7/28/20.
3. A staff's (DOH: 10/19/17) personnel file contained a written performance evaluation was dated for 7/28/20.
4. A staff's (DOH: 6/30/17) personnel file contained a written performance evaluation that was not dated.
5. A staff's (DOH: 6/30/17) personnel file contained a written performance evaluation that was not dated.
6. A staff's (DOH: 6/30/17) personnel file contained a written performance evaluation was dated for 7/20/20.
7. A staff's (DOH: 8/7/20) personnel file did not contain a written performance evaluation.

Staff stated that she was unsure if the annual written performance evaluations were completed, that things had been chaotic due to COVID. The surveyor was unable to determine if the written performance evaluations were completed annually.

Inspection Report

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 the following:

- 1. A staff's (DOH: 6/30/17) negative tuberculin result was no longer current after 7/16/21.
- 2. A staff's (DOH: 8/12/19) negative tuberculin result was no longer current after 8/21/21.
- 3. A staff's (DOH: 10/19/17) negative tuberculin result was no longer current after 7/16/21.
- 4. A staff's (DOH: 6/30/17) negative tuberculin result was no longer current after 7/16/21.
- 5. A staff's (DOH: 6/30/17) negative tuberculin result was no longer current after 10/15/21.

Therefore, the child-care center failed to show proof that the employees were free of active tuberculosis or provide a copy of a negative tuberculin result.

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 1/2) 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 1/2) 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 in the personnel file of one (1) staff (DOH: 6/7/21), the surveyor could not locate verification that the staff completed six (6) hours of cabinet-approved orientation training. Upon reviewing ECE-TRIS, the surveyor found that no date was listed for orientation. During interview, staff stated she didn't think that the staff member had completed the training.

Programming

In Compliance

Premises

In Compliance

Hygienic Practices

In Compliance

First Aid/Medication

In Compliance

Outdoor Play Area

In Compliance

Equipment

In Compliance

Transportation

Not Applicable

Kitchen Requirements

Not In Compliance

1055 - Kitchen Equipment Clean and Sanitary

Not In Compliance

922 KAR 2:120. Section 8. Kitchen Requirements.

(7) The following shall be clean and sanitary:

- (a) Eating and drinking utensils;
- (b) Kitchenware;
- (c) Food contact surfaces of equipment;
- (d) Food storage utensils;
- (e) Food storage containers;
- (f) Cooking surfaces of equipment; and
- (g) Nonfood contact surfaces of equipment.

Findings:

General: Based on observation, the surveyor found a burnt bar code/tag in the bottom of the oven. During interview, staff stated "I noticed that."

Food Service

In Compliance

Meal Planning/Center Provides Meals

In Compliance

Meal Planning/Center Does Not Provide Meals

In Compliance

Children's Records

In Compliance

Inspection Report

Written Documentation

Not In Compliance

1260 - Evacuation Plan

Not In Compliance

922 KAR 2:090. Section 5. Evacuation Plan.

(1) A licensed child-care center shall have a written evacuation plan in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard for a child in care in accordance with KRS 199.895 and 42 U.S.C. 9858c(c)(2)(U).

Findings:

General: Based on observation, the surveyor found that the Emergency Preparedness Plan was dated 5/27/2017; therefore, the surveyor was unable to verify that the plan had been reviewed or revised within the past year. Staff stated that she did not realize that the plan needed to be reviewed/submitted annually.

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: 6/30/17) personnel file contained a professional development plan was dated for 6/26/2019.
2. A staff's (DOH: 8/12/19) personnel file contained a professional development plan was not dated.
3. A staff's (DOH: 10/19/17) personnel file contained a professional development plan was not dated.
4. A staff's (DOH: 6/30/17) personnel file contained a professional development plan was dated for 8/14/20.
5. A staff's (DOH: 6/30/17) personnel file contained a professional development plan was dated for 6/1/17.
6. A staff's (DOH: 6/30/17) personnel file contained a professional development plan dated for 8/14/20.
7. A staff's (DOH: 8/7/20) personnel file did not contain a professional development plan.

Staff stated that she was unsure if the professional development plans were completed, that things had been chaotic due to COVID. The surveyor was unable to determine if the professional development plans were completed annually.

Posted Documentation

In Compliance

Animals

In Compliance

Signature of Provider/Representative

Title

Date