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**Inspection Report**

<b>Provider Name:</b> June Buchanan School/Alice Lloyd College Child Development Center	<b>Provider Information</b> <b>Provider Type:</b> LICENSED TYPE I	<b>CLR No:</b> L352885
<b>Provider Address:</b> 100 Purpose Road, Pippa Passes, KY, 41844		<b>Capacity:</b> 37
<b>Owner(s):</b> Caney Creek Community Center, Incorporated		<b>Director(s):</b> Clark, Amanda

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 318036
<b>Date Initiated:</b> 11/09/2021 12:00 PM	<b>Date Concluded:</b> 11/09/2021 2:50 PM	
	<b>No. of Children Present:</b> 22	

**Inspection Report**

**Background Checks**

**Not In Compliance**

**5 - Background check/left alone/dismissed/relocated**

**Not In Compliance**

**922 KAR 2:280. Section 3. Implementation and Enforcement.**

**(1) A person who is a child care staff member prior to January 1, 2018, shall submit to and complete background checks in accordance with this administrative regulation no later than September 30, 2018.**

**(2) A child care staff member hired on or after April 1, 2018, shall:**

**(a) Have completed the background checks required in accordance with this administrative regulation and been found to have no disqualifying offense prior to becoming a child care staff member; or**

**(b) 1. Have submitted to the background checks required in accordance with this administrative regulation;**

**2. Not be left unsupervised with a child in care pending the completion of the background checks in accordance with this administrative regulation; and**

**3. Be dismissed or relocated from the residence if the person is found to have a disqualifying background check result.**

**Findings:**

Based on review of documentation the surveyor found the following:

1. There were four (4) staff's (DOH: 08/17/2021) files that did not contain documentation of background checks submitted through the Kentucky National Background Check Service. Based on review of the Kentucky National Background Check Service, the staff members did not have a completed background check; therefore, the staff persons were hired prior to clearance for employment. There was not a completed Child Abuse/Neglect Background Checks (CAN) or Criminal Records Background Checks (CRC) in the staffs' files. During interview, staff was unable to confirm that a background check was submitted through the Kentucky National Background Check Service, CAN or a CRC was submitted for the staff members. Staff stated that the staff persons have not worked alone with children. The surveyor did not observe the staff persons working alone with children.

2. There were three (3) staff's (DOH: 08/16/2021) files that did not contain documentation of background checks submitted through the Kentucky National Background Check Service. Based on review of the Kentucky National Background Check Service, the staff members did not have a completed background check; therefore, the staff persons were hired prior to clearance for employment. There was not a completed Child Abuse/Neglect Background Checks (CAN) or Criminal Records Background Checks (CRC) in the staffs' files. During interview, staff was unable to confirm that a background check was submitted through the Kentucky National Background Check Service, CAN or a CRC was submitted for the staff members. Staff stated that the staff persons have not worked alone with children. The surveyor did not observe the staff persons working alone with children.

3. A staff's (DOH: 01/17/2021) file did not contain documentation of background checks submitted through the Kentucky National Background Check Service. Based on review of the Kentucky National Background Check Service, the staff member did not have a completed background check; therefore, the staff person was hired prior to clearance for employment. There was not a completed Child Abuse/Neglect Background Checks (CAN) or Criminal Records Background Checks (CRC) in the staff's file. During interview, staff was unable to confirm that a background check was submitted through the Kentucky National Background Check Service, CAN or a CRC was submitted. Staff stated that the staff person has not worked alone with children. The surveyor did not observe the staff person working alone with children.

4. A staff's (DOH: 08/02/2021) file that did not contain documentation of background checks submitted through the Kentucky National Background Check Service. Based on review of the Kentucky National Background Check Service, the staff member did not have a completed background check; therefore, the staff person was hired prior to clearance for employment. There was not a completed Child Abuse/Neglect Background Checks (CAN) or Criminal Records Background Checks (CRC) in the staff's files. During interview, staff was unable to confirm that a background check was submitted through the Kentucky National Background Check Service, CAN or a CRC was submitted. The surveyor observed staff supervising two (2), two (2) year old in the Two-Year-Old Classroom.

5. A staff's (DOH: 08/16/2021) file did not contain documentation of background checks submitted through the Kentucky National Background Check Service. Based on review of the Kentucky National Background Check Service, the staff member did not have a completed background check; therefore, the staff person was hired prior to clearance for employment. The staff's file contained a Criminal Records Background Checks (CRC) completed on 08/31/2021. The staff's file did not contain a Child Abuse/Neglect Background Check (CAN). During interview, staff was unable to confirm that a background check was submitted through the Kentucky National Background Check Service or a CAN was submitted. Staff stated that the staff person has not worked alone with children. The surveyor did not observe the staff person working alone with children.

6. A staff's (DOH: 08/17/2020) file did not contain documentation of background checks submitted through the Kentucky National Background Check Service. Based on review of the Kentucky National Background Check Service, the staff member did not have a completed background check; therefore, the staff person was hired prior to clearance for employment. The staff's file contained a Criminal Records Background Checks (CRC) completed 12/01/2020 and a Child Abuse/Neglect Check (CAN) completed on 10/05/2020. During interview, staff was unable to confirm that a background check was submitted through the Kentucky National Background Check Service. Staff stated that the staff person has not worked alone with children. The surveyor did not observe the staff person working alone with children.

7. There were two (2) staff's (DOH: 08/17/2021) files that did not contain documentation of background checks submitted through the Kentucky National Background Check Service. Based on review of the Kentucky National Background Check Service, the staff members did not have a completed background check; therefore, the staff persons were hired prior to clearance for employment. Each staff member's file contained a Criminal Records Check (CRC) completed on 08/31/2021. The staff's file did not contain a completed Child Abuse/Neglect Background Checks (CAN). During interview, staff was unable to confirm that a background check was submitted through the Kentucky National Background Check Service or a CAN was submitted for either of the staff members. Staff stated that the staff persons have not worked alone with children. The surveyor did not observe the staff persons working alone with children.

8. A staff's (DOH: 08/02/2021) file did not contain documentation of background checks submitted through the Kentucky National Background Check Service. Based on review of the Kentucky National Background Check Service, the staff member did not have a completed background check; therefore, the staff person was hired prior to clearance for employment. The staff's file contained a Criminal Records Background Checks (CRC) completed on 08/13/2021. During interview, staff was unable to confirm that a background check was submitted through the Kentucky National Background Check Service. Staff stated that the staff person has not worked alone with children. The surveyor did not observe the staff person working alone with children.

Staff reported that she was told staff did not have to have a background check due to COVID-19.

**Supervision**

**In Compliance**

**Staffing Requirements**

**In Compliance**

**General Administration**

**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. The staff's (DOH:08/17/2020) file did not contain an evaluation. Through interview, the surveyor learned that the staff's evaluation was not available for review during the renewal survey.
2. The staff's (DOH:08/26/2019) file did not contain an evaluation. Through interview, the surveyor learned that the staff's evaluation was not available for review during the renewal survey.
3. The staff's (DOH:08/16/2017) file did not contain an evaluation. Through interview, the surveyor learned that the staff's evaluation was not available for review during the renewal survey.
4. The staff's (DOH:09/10/2019) file did not contain an evaluation. Through interview, the surveyor learned that the staff's evaluation was not available for review during the renewal survey.
5. There were two (2) staff's (DOH:08/21/2018) files that did not contain an evaluation for either person. Through interview, the surveyor learned that the staff's evaluations were not available for review during the renewal survey.
6. There were two (2) staff's (DOH:08/18/2020) files that did not contain an evaluation for either person. Through interview, the surveyor learned that the staff's evaluations were not available for review during the renewal survey.
7. There were two (2) staff's (DOH:08/20/2019) personnel files that did not contain an evaluation for either person. Through interview, the surveyor learned that the staff's evaluations were not available for review during the renewal survey.

Staff reported that she would work on staff evaluations.

**Employee Records**

**Not In Compliance**

**400 - Educational Requirements**

**Not In Compliance**

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

**(1) Child-care center staff:**

- (a) Hired after January 1, 2009, who have supervisory power over a minor and are not enrolled in secondary education, shall have a:**

- 1. High school diploma;**
- 2. GED or qualifying documentation from a comparable educational entity; or**
- 3. Commonwealth Child Care Credential as described in 922 KAR 2:250;**

**Findings:**

General: Based on review of documentation, the staff found the following:

1. There were five (5) staff (DOH: 08/17/2021) files that did not contain educational documentation; therefore, the surveyor was unable to verify the five (5) staff member's education.
2. There were three (3) staff (DOH: 08/16/2021) files that did not contain educational documentation; therefore, the surveyor was unable to verify the three (3) staff member's education.
3. A staff 's (DOH: 01/17/2021) file did not contain educational documentation; therefore, the surveyor was unable to verify the staff member's education.

Staff reported that she would get staff's educational documentation.

**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 discovered the following:

1. There were two (2) staff (DOH: 08/17/2021) files that did not contain a copy of a statement from a health professional stating that the individuals were free of active tuberculosis or a copy of a negative tuberculin (TB skin test) results; therefore, the surveyor was unable to verify if the staff were free from active tuberculosis.
2. There were two (2) staff (DOH: 08/16/2021) files that did not contain a copy of a statement from a health professional stating that the individuals were free of active tuberculosis or a copy of a negative tuberculin (TB skin test) results; therefore, the surveyor was unable to verify if the staff were free from active tuberculosis.
3. A staff's (DOH: 01/17/2021) file did not contain a copy of a statement from a health professional that the individual was free of active tuberculosis or a copy of a negative tuberculin (TB skin test) results; therefore, the surveyor was unable to verify if the staff person was free from active tuberculosis.
4. A staff's (DOH: 08/02/2021) file did not contain a copy of a statement from a health professional that the individual was free of active tuberculosis or a copy of a negative tuberculin (TB skin test) results; therefore, the surveyor was unable to verify if the staff person was free from active tuberculosis.
5. A staff's (DOH: 08/16/2017) file did not contain a copy of a statement from a health professional that the individual was free of active tuberculosis or a copy of a negative tuberculin (TB skin test) results; therefore, the surveyor was unable to verify if the staff person was free from active tuberculosis.
6. A staff's (DOH: 08/21/2018) file did not contain a copy of a statement from a health professional that the individual was free of active tuberculosis or a copy of a negative tuberculin (TB skin test) results; therefore, the surveyor was unable to verify if the staff person was free from active tuberculosis.
7. A staff's (DOH: 09/10/2019) file did not contain a copy of a statement from a health professional that the individual was free of active tuberculosis or a copy of a negative tuberculin (TB skin test) results; therefore, the surveyor was unable to verify if the staff person was free from active tuberculosis.

Staff reported that she would have staff to bring documentation of a negative tuberculin (TB skin test) results or a statement from a health professional stating the individual was free of active tuberculosis.

**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 and ECE-TRIS, the surveyor found the following:

1. Staff (DOH: 01/29/2020) obtained zero (0) of the fifteen (15) hours of required cabinet-approved early care and education training completed between 07/01/2020-06/30/2021.
2. Staff (DOH: 08/18/2020) obtained zero (0) of the fifteen (15) hours of required cabinet-approved early care and education training completed between 07/01/2020-06/30/2021.
3. Staff (DOH: 08/20/2019) obtained thirteen (13) of the fifteen (15) hours of required cabinet-approved early care and education training completed between 07/01/2020-06/30/2021.
4. Staff (DOH: 08/18/2020) obtained six (6) of the fifteen (15) hours of required cabinet-approved early care and education training completed between 08/18/2020-08/17/2021.
5. Staff (DOH: 08/20/2019) obtained ten (10) of the fifteen (15) hours of required cabinet-approved early care and education training completed between 07/01/2020-06/30/2021.
6. Staff (DOH: 08/18/2020) did not obtain the one and a half (1 ½) hours of cabinet- approved pediatric abusive head trauma training within the first-year old employment.
7. Staff (DOH: 01/17/2021) did not obtain the six (6) hours of cabinet- approved orientation completed within the first three (3) months of employment in a child care program.

Staff reported that she would make sure trainings are completed in the future.

**Inspection Report**

**Premises**

**Not In Compliance**

**565 - Inaccessible Items**

**Not In Compliance**

**922 KAR 2:120. Section 3. General Requirements.**

**(7) The following shall be inaccessible to a child in care:**

- (a) Toxic cleaning supplies, poisons, and insecticides;**
- (b) Matches, cigarettes, lighters, and flammable liquids; and**
- (c) Personal belongings and medications of staff.**

**Findings:**

General: Based on observation, the surveyor found a cigarette butt on the parking lot surface walking towards the entrance of the center; therefore, the children had access to the cigarette butt.

Staff reported that she would have the cigarette butt cleaned up.

**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**

**Not Applicable**

**Children's Records**

**In Compliance**

**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. Staff (DOH: 08/17/2020) file did not contain a professional development plan.
2. Staff (DOH: 08/18/2020) file did not contain a professional development plan.
3. Staff (DOH: 01/29/2020) file contain a professional development plan with no date on it; therefore, the surveyor was unable to determine if the plan was current.
4. Staff (DOH: 08/21/2018) file contain a professional development plan dated for 08/21/2019; therefore, the professional development plan was not current.
5. Staff (DOH: 01/29/2020) file contain a professional development plan with no date on it; therefore, the surveyor was unable to determine if the plan was current.

Staff reported that she would complete professional development plans for staff.

**Posted Documentation**

**In Compliance**

**Animals**

**In Compliance**

Signature of Provider/Representative

Title

Date