



Andy Beshear
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL**

Melissa A. Moore, Director
Division of Regulated Child Care
Southern Branch
116 Commerce Ave
London, KY 40744
Phone: (606) 330-2030 Fax: (606) 330-2056
<https://chfs.ky.gov/agencies/os/oig>

Eric Friedlander
SECRETARY

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Information		CLR No: L358979
Provider Name: Cornerstone to Learning Inc.	Provider Type: LICENSED TYPE I	Capacity: 183
Provider Address: 222 North Depot Street, Lebanon, KY, 40033		Director(s): Mills, Joseph "Chris"
Owner(s): Cornerstone To Learning Inc.		

Inspection Information		Inspection No: 292682
Inspection Type: Renewal Application	Date Concluded: 11/09/2020 1:20 PM	
Date Initiated: 11/09/2020 10:40 AM	No. of Children Present: 78	

Inspection Report		
Background Checks		In Compliance
Supervision		In Compliance
Staffing Requirements		In Compliance
General Administration		In Compliance

Inspection Report	
Director Requirements	Not In Compliance
345 - 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.) Staff's (DOH: 10/12/09) file contained an annual written performance evaluation dated 1/16/19; therefore, the evaluation needs to be updated. (2.) Staff's (DOH: 9/30/91) file did not contain an annual written performance evaluation. (3.) Staff's (DOH: 8/15/00) file contained an annual written performance evaluation dated 1/14/19; therefore, the evaluation needs to be updated. (4.) Staff's (DOH: 10/14/96) file contained an annual written performance evaluation dated 1/23/18; therefore, the evaluation needs to be updated. (5.) Staff's (DOH: 5/15/10) file contained an annual written performance evaluation dated 12/27/16; therefore, the evaluation needs to be updated. (6.) Staff's (DOH: 2/26/14) file contained an annual written performance evaluation dated 1/23/18; therefore, the evaluation needs to be updated. (7.) Staff's (DOH: 10/5/18) file did not contain an annual written performance evaluation. (8.) Staff's (DOH: 8/27/18) file did not contain an annual written performance evaluation. (9.) Staff's (DOH: 12/13/18) file did not contain an annual written performance evaluation. (10.) Staff's (DOH: 3/4/19) file did not contain an annual written performance evaluation. (11.) Staff's (DOH: 4/11/19) file did not contain an annual written performance evaluation. (12.) Staff's (DOH: 9/10/19) file did not contain an annual written performance evaluation. (13.) Staff's (DOH: 2/15/19) file did not contain an annual written performance evaluation. (14.) Staff's (DOH: 6/10/19) file did not contain an annual written performance evaluation. During interview, staff confirmed that the evaluations need to be completed or updated in the staff's files.	
Employee Records	Not In Compliance
390 - 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 surveyor found a staff's (DOH: 2/15/19) file did not contain a high school diploma, GED, or Commonwealth Child Care Credential. Staff confirmed the educational documentation was not contained in the staff's file.	
395 - 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 a staff's (DOH: 10/5/18) file contained a copy of a negative tuberculin result dated 9/5/18; therefore, the negative tuberculin result needs to be updated. Staff confirmed through interview that the staff needs to update the negative tuberculin result for the employee's file.	
Programming	In Compliance
Premises	Not In Compliance
640 - Toilet Room	Not In Compliance
922 KAR 2:120. Section 10. Toilet, Diapering, and Toiletry Requirements. (2) A toilet room shall: (a) 1. Be provided for each gender; or 2. A plan shall be implemented to use the same toilet room at separate times; (b) Have a supply of toilet paper; and (c) Be cleaned and disinfected daily.	
Findings: General: Based on observation, the surveyor found a hand-washing sink located in the restroom across from the kitchen; the sink contained several dark stains within the sink bowl. Staff were not aware of the issue.	

Inspection Report	
Hygienic Practices	Not In Compliance
685 - Diaper Changing Area/Surface	Not In Compliance
<p>922 KAR 2:120. Section 10. Toilet, Diapering, and Toiletry Requirements. (10) When a child is diapered, the child shall: (b) Be placed on a surface that is: 1. Clean; 2. Padded; 3. Free of holes, rips, tears, or other damage; 4. Nonabsorbent; 5. Easily cleaned; and 6. Free of any items not used for diaper changing.</p>	
<p>Findings: General: Based on observation, the surveyor found small particles of debris on the diaper-changing table underneath the diaper-changing pad in the Pre-K Classroom. Staff were not aware of the issue.</p>	
First Aid/Medication	In Compliance
Outdoor Play Area	Not In Compliance
750 - Playground Conditions	Not In Compliance
<p>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.</p>	
<p>Findings: General: Based on observation, the surveyor found two (2) pieces of lattice were broken on the playground. The lattice contained sharp edges. The lattice is used to block children from accessing the heat / air units for the building.</p>	
Equipment	In Compliance
Transportation	Not Applicable
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	Not In Compliance
1135 - Immunization	Not In Compliance
<p>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;</p>	
<p>Findings: General: Based on review of documentation, the surveyor found a child's (DOE: 1/3/17) file contained an immunization certificate that was no longer current as of 10/10/20. Staff confirmed an updated immunization certificate is needed for the child's file.</p>	

Inspection Report		
Written Documentation		Not In Compliance
1170 - 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's (DOH: 10/12/09) file contained a written annual plan for professional development that was dated 1/18/18; therefore, the plan needs to be updated. (2.) Staff's (DOH: 9/30/91) file did not contain a written annual plan for professional development. (3.) Staff's (DOH: 10/20/03) file did not contain a written annual plan for professional development. (4.) Staff's (DOH: 8/15/00) file contained a written annual plan for professional development that was dated 1/18/18; therefore, the plan needs to be updated. (5.) Staff's (DOH: 10/14/96) file contained a written annual plan for professional development that was dated 1/18/18; therefore, the plan needs to be updated. (6.) Staff's (DOH: 5/15/10) file contained a written annual plan for professional development that was dated 12/27/16; therefore, the plan needs to be updated. (7.) Staff's (DOH: 2/26/14) file contained a written annual plan for professional development that was dated 1/18/18; therefore, the plan needs to be updated. (8.) Staff's (DOH: 10/5/18) file did not contain a written annual plan for professional development. (9.) Staff's (DOH: 8/27/18) file did not contain a written annual plan for professional development. (10.) Staff's (DOH 12/13/18) file did not contain a written annual plan for professional development. (11.) Staff's (DOH: 3/4/19) file did not contain a written annual plan for professional development. (12.) Staff's (DOH: 4/11/19) file did not contain a written annual plan for professional development. (13.) Staff's (DOH: 9/10/19) file did not contain a written annual plan for professional development. (14.) Staff's (DOH: 2/15/19) did not contain a written annual plan for professional development (15.) Staff's (DOH: 6/10/19) file did not contain a written annual plan for professional development. During interview, staff confirmed the written annual plans for professional development need to updated or completed for the staff's files.		
Posted Documentation		In Compliance
Animals		In Compliance
Emergency Regulation		In Compliance

Signature of Provider/Representative

Title

Date