



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

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Inspection Report

Provider Name: Perry Early Head Start	Provider Information	CLR No: L359318
Provider Address: 151 Miss Edna Lane, Hazard, KY, 41701	Provider Type: LICENSED TYPE I	Capacity: 57
Owner(s): Leslie, Knott, Letcher, Perry Counties Head Start Program, Incorporated		Director(s): Sexton, Hazel Renee

Inspection Type: Renewal Application	Inspection Information	Inspection No: 220102
Date Initiated: 06/12/2017 9:50 AM	Date Concluded: 06/12/2017 12:45 PM	
	No. of Children Present: 22	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	Not In Compliance
260 - Staff Evaluation	Not In Compliance

922 KAR 2:110. Section 4. Director Requirements and Responsibilities.

(1) Effective with the adoption of this administrative regulation, 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 and interview, the surveyor learned the following:

1. The last annual evaluation for a staff (DOH:08/28/87) person was dated 04/23/16; therefore, the staff did not have a completed annual evaluation.
2. The last annual evaluation for a staff (DOH:02/14/96) person was dated 05/06/16; therefore, the staff did not have a completed annual evaluation.
3. The last annual evaluation for a staff (DOH:04/22/10) person was dated 05/11/16; therefore, the staff did not have a completed annual evaluation.
4. The last annual evaluation for a staff (DOH:10/22/12) person was dated 04/28/16; therefore, the staff did not have a completed annual evaluation.
5. The last annual evaluation for a staff (DOH:08/08/11) person was dated 05/11/16; therefore, the staff did not have a completed annual evaluation.
6. The last annual evaluation for a staff (DOH:09/03/08) person was dated 04/18/16; therefore, the staff did not have a completed annual evaluation.
7. The last annual evaluation for a staff (DOH:03/24/14) person was dated 04/22/16; therefore, the staff did not have a completed annual evaluation.
8. The last annual evaluation for a staff (DOH:02/25/14) person was dated 04/25/16; therefore, the staff did not have a completed annual evaluation.
9. The last annual evaluation for a staff (DOH:03/11/16) person was dated 05/20/16; therefore, the staff did not have a completed annual evaluation.
10. The staff (DOH:06/06/16) file did not contain a completed annual evaluation.
10. The staff (DOH:08/13/07) file did not contain a completed annual evaluation.

The staff-in-charge stated during interview that she was aware that some of the staff did not have completed annual evaluations.

Inspection Report**Employee Records****Not In Compliance****335 - Qualified Substitute****Not In Compliance****922 KAR 2:110. Section 5. Staff Requirements.****(7) Each qualified substitute staff person shall:**

- (a) Meet the staff requirements of this administrative regulation; and**
- (b) Provide the required documentation to verify compliance with this administrative regulation.**

Findings:

General: Based on review of documentation, the surveyor found that the persons identified as substitutes did not meet the staff requirements based on lack of annual evaluations and annual professional development plans. Therefore, the child care center does not have two (2) qualified substitutes. Based on interview, the staff-in-charge stated that she was aware that some of the staff did not have a current evaluation or professional development plan completed.

Programming**In Compliance****Premises****Not In Compliance****460 - Inaccessible Items****Not In Compliance****922 KAR 2:120. Section 3. General Requirements.****(7) Except in accordance with subsection (8) of this section, the following shall be inaccessible to a child in care:**

- (a) Toxic cleaning supplies, poisons, and insecticides;**
- (b) Knives and sharp objects;**
- (c) Matches, cigarettes, lighters, and flammable liquids;**
- (d) Plastic bags;**
- (e) Litter and rubbish;**
- (f) Bar soap; and**
- (g) Personal belongings and medications of staff.**

Findings:

General: Based on observation and interview, the following were found:

1. There was a purse on the floor under the sink in Room Two. Staff reported that the purse belonged to them and they had not had the opportunity to lock it up since arriving at the center.
2. There was multiple loose plastic bags in a box located on the floor of Room Two next to the changing area. Staff reported the bags were used to store the children's bedding.
3. There were loose garbage bags in the unlocked cabinet on the changing table in Room Three. The child safety lock was installed on the cabinet; however, it was not functioning. Staff stated that cabinet was supposed to be locked and they were not aware the safety lock was not working.
4. There was a broom and dust pan located near the sink that was accessible to the children in Room Three.
5. There was a broom, dust pan, and mop located in the art center in Room Four that was accessible to the children.

480 - Premises Requirements**Not In Compliance****922 KAR 2:120. Section 4. Premises Requirements.****(1) The premises shall be:**

- (a) Suitable for the purpose intended;**
- (b) Kept clean and in good repair;**

Findings:

General: Based on observation and interview, the following were found:

1. There was drywall dust in the floor under the soap dispenser and under a wall shelf in Room Three. Staff reported that the soap dispenser and shelf had recently been installed.
2. There was an electrical outlet plate that was loose in Room Four. Upon interview, staff were not aware that it was loose.

520 - Floors, Walls, Ceilings**Not In Compliance****922 KAR 2:120. Section 4. Premises Requirements.****(9) Floors, walls, and ceilings shall be smooth, in good repair, and constructed to be easily cleaned.****Findings:**

General: Based on observation and interview, the following were found:

1. There was a chipped area in the drywall in Room Three; therefore, the wall was not in good repair.
2. There was a chipped area in the drywall in Room Five; therefore, the wall was not in good repair.
3. The paint on the wall under the sink counter in Room Five was peeling.

Staff reported the walls could have been damaged recently in the process of moving furniture in and out of the center.

Inspection Report		
Hygienic Practices		Not In Compliance
625 - 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 and interview, the following were found:</p> <ol style="list-style-type: none"> 1. The changing table in Room One was soiled with dirt and debri underneath the changing mat. 2. The changing table in Room Two was soiled with dirt and debri underneath the changing mat. 3. The diaper changing mat in Room Three contained a small tear at one end; therefore, it could not be properly sanitized. <p>Staff reported that the changing table under the changing mats are supposed to be cleaned.</p>		
First Aid/Medication		Not In Compliance
670 - Medication		Not In Compliance
<p>922 KAR 2:120. Section 7. First Aid and Medicine. (6) Medication, including refrigerated medication, shall be: (a) Stored in a separate and locked place, out of the reach of a child; (b) Kept in the original bottle; and (c) Properly labeled. (7) Medication shall not be given to a child if the expiration date on the bottle has passed.</p>		
<p>Findings: General: Based on observation and interview, the surveyor found that a rescue inhaler was stored in an unlocked black fanny pack hanging near the entrance to Room Four. Staff reported that the medication is not locked in a lock box because it has go with the child from room to room.</p>		
Outdoor Play Area		In Compliance
Equipment		Not In Compliance
755 - Toys/Equipment/Furniture		Not In Compliance
<p>922 KAR 2:120. Section 11. Toys and Furnishings. (1) All toys, equipment, and furniture contacted by a child shall be: (a) Kept clean and in good repair; and (b) Free of peeling, flaking, or chalking paint.</p>		
<p>Findings: General: Based on observation and interview, the following were found:</p> <ol style="list-style-type: none"> 1. The rocking chair cushions in Room One were soiled. 2. The rocking chair cushions in Room Two were soiled. <p>Staff stated that the cushions are spot cleaned as needed.</p>		
Transportation		Not Applicable
Food Service		In Compliance
Children's Records		In Compliance

Inspection Report		
Written Documentation		Not In Compliance
1105 - Professional Development		Not In Compliance
<div> <div>922 KAR 2:110. Section 3. Records.</div> <div>(1) A child-care center shall maintain:</div> <div>(f) A written annual plan for child-care staff professional development;</div> </div>		
<p>Findings:</p> <p>General: Based on review of documentation, the following were found:</p> <ol style="list-style-type: none"> 1. A staff file (DOH:08/08/11) contained a professional development plan that was completed on 05/12/16; therefore, the professional development plan had not been updated annually as required. 2. A staff file (DOH:09/03/08) contained a professional development plan that was completed on 04/29/16; therefore, the professional development plan had not been updated annually as required. 3. A staff file (DOH:03/11/16) contained a professional development plan that was completed on 04/29/16; therefore, the professional development plan had not been updated annually as required. 4. A staff file (DOH:06/09/16) contained a professional development plan that was not dated; therefore, it could not be determined if the professional development plan had been updated annually as required. 5. A staff file (DOH:08/13/07) did not contain a professional development plan. <p>Based on interview with the staff-in-charge, the staff with date of hire 08/13/07 had worked at other head start locations; however, the survey date was the first day the staff person had worked at this location. The staff-in-charge also stated that she was aware that some of the staff did not have updated annual professional development plans completed.</p>		
Posted Documentation		In Compliance
Animals		In Compliance

Signature of
Provider/Representative

Title

Date