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GOVERNOR

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OFFICE OF INSPECTOR GENERAL**

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**Eric Friedlander**  
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INSPECTOR GENERAL

**Inspection Report**

<b>Provider Information</b>		<b>CLR No:</b> L354728
<b>Provider Name:</b> Learn 'N Grow Preschool	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 47
<b>Provider Address:</b> 401 North Laurel Avenue, Corbin, KY, 40701		<b>Director(s):</b> Waddle, Rebecca Lyn; Huff, Sharon
<b>Owner(s):</b> Penny For Your Thoughts, Inc.		

<b>Inspection Information</b>		<b>Inspection No:</b> 243694
<b>Inspection Type:</b> Renewal Application	<b>Date Concluded:</b> 03/22/2018 12:16 PM	
<b>Date Initiated:</b> 03/22/2018 9:50 AM	<b>No. of Children Present:</b> 42	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	In Compliance
Employee Records	Not In Compliance
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 and interview, the surveyor found that a staff file (DOH: 8/28/17) did not contain record of a negative tuberculin skin test completed within the past two (2) years. The Director reported that the staff member had a tuberculin skin test but she was not sure where the documentation was located.

## 410 - 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 within the first three (3) months of employment;**
- (b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment, 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 during each subsequent year of employment, including one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.**

**Findings:**

General: Based on review of documentation, review of ECE-TRIS, and interview, the surveyor found the following:

1. A staff file (DOH: 2/1/13) presented for review did not contain documentation of training completed for 02/1/17 - 1/31/18. Review of ECE-TRIS, revealed that the employee had only obtained one and a half (1.5) hours of annual training for 2/1/17 - 1/31/18.
2. A staff file (DOH: 7/1/04) presented for review did not contain documentation of training completed for 7/1/16 - 7/1/17. Review of ECE-TRIS, revealed that the employee had only obtained three (3) hours of annual training for 7/1/16 - 6/30/17.
3. A staff file (DOH: 3/1/02) presented for review did not contain documentation of training completed for 3/1/17 - 2/28/18. Review of ECE-TRIS, revealed that the employee had only obtained one and a half (1.5) hours of annual training for 3/1/17 - 2/28/18.
4. A staff file (DOH: 8/1/11) presented for review did not contain documentation of training completed for 8/1/16 - 7/31/17. Review of ECE-TRIS, revealed that the employee had only obtained one and a half (1.5) hours of annual training for 8/1/16 - 7/31/17.
5. A staff file (DOH: 12/1/16) presented for review did not contain documentation of training completed for 12/1/16 - 11/30/17. Review of ECE-TRIS, revealed that the employee had obtained zero (0) hours of annual training for 12/1/16 - 11/30/17.
6. A staff file (DOH: 8/28/17) did not contain documentation of having completed six (6) hours of cabinet approved orientation. Review of ECE-TRIS, confirmed that orientation had not been completed.

Upon interview, the Director was aware that there were some deficiencies in regards to training requirements.

Programming

In Compliance

Premises

Not In Compliance

## 520 - 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 and interview, the surveyor found an unlocked closet in the Three's Classroom which contained a bucket of joint compound for sheet rock and a can of paint. The items were accessible to the children. Staff reported that a bucket of books is typically pushed up against the outside of the closet door to keep children out of the closet.

## 525 - Items Accessible Only During Activity

Not In Compliance

**922 KAR 2:120. Section 3. General Requirements.****(8) The following shall be inaccessible to a child in care unless under direct supervision and part of planned program of instruction:**

- (a) Knives and sharp objects;**
- (b) Litter and rubbish;**
- (c) Bar soap; and**
- (d) Plastic bags not used for personal belongings.**

**Findings:**

General: Based on observation and interview, the surveyor found a pair of non-safety scissors and a stapler in a white basket under the wall cabinets in Room 141. The items were not in use and were accessible to the children. Upon interview, staff acknowledged that the items should be stored out of reach of the children.

## 580 - 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 was found:

1. The Kindergarten Classroom had some missing ceiling tiles by the windows as well as six (6) ceiling tiles that had water damage. Staff reported that a condensor had leaked in the ceiling approximately one (1) year ago and while the condensor was repaired, the ceiling tiles had not all been replaced.
2. The girls' restroom had two (2) ceiling tiles that had sustained water damage. Staff were not sure how long the ceiling tiles had been damaged.

Hygienic Practices

In Compliance

First Aid/Medication

In Compliance

Outdoor Play Area

In Compliance

Equipment

In Compliance

Transportation

Not Applicable

Inspection Report	
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	Not In Compliance
<b>1135 - Immunization</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 9. Records.</b> <b>(1) A child-care center shall maintain:</b> <b>(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;</b>	
<b>Findings:</b> General: Based on review of documentation and interview, the following was found: 1. A child's file (DOE: 8/1/17) did not contain an immunization certificate. The file contained a vaccination record instead. 2. A child's file (DOE: 3/13/17) did not contain a valid immunization certificate as a date was not listed on the certificate showing when immunizations were due. 3. A child's file (DOE: 5/15/17) contained an immunization certificate that was only current through 2/1/18. 4. A child's file (DOE: 9/5/17) contained an immunization certificate that was only current through 2/25/18. Upon interview, the Director stated that updated immunizations had been requested from the parents but they had not yet been submitted.	
<b>1140 - Enrollment Information</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 9. Records.</b> <b>(1) A child-care center shall maintain:</b> <b>(b) A written record for each child:</b> <b>1. Completed and signed by the child's parent;</b> <b>2. Retained on file on the first day the child attends the child-care center; and</b> <b>3. To contain:</b> <b>a. Identifying information about the child, which includes, at a minimum, the child's name, address, and date of birth;</b> <b>b. Contact information to enable a person in charge to contact the child's:</b> <b>(i) Parent at the parent's home or place of employment;</b> <b>(ii) Family physician; and</b> <b>(iii) Preferred hospital;</b> <b>c. The name of each person who is designated in writing to pick-up the child;</b> <b>d. The child's general health status and medical history including, if applicable:</b> <b>(i) Allergies;</b> <b>(ii) Restriction on the child's participation in activities with specific instructions from the child's parent or health professional; and</b> <b>(iii) Permission from the parent for third-party professional services in the child-care center;</b> <b>e. The name and phone number of each person to be contacted in an emergency involving or impacting the child;</b> <b>f. Authorization by the parent for the child-care center to seek emergency medical care for the child in the parent's absence;</b>	
<b>Findings:</b> General: Based on review of documentation and interview, the following were found: 1. A child's file (DOE: 8/1/17) did not contain the name of or the contact information for the preferred hospital. 2. A child's file (DOE: 9/5/17) did not contain the name of or the contact information for the preferred hospital. The Director stated she was not aware that the information was missing.	
Written Documentation	Not In Compliance
<b>1170 - Professional Development</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 9. Records.</b> <b>(1) A child-care center shall maintain:</b> <b>(f) A written annual plan for child-care staff professional development;</b>	
<b>Findings:</b> General: Based on review of documentation and interview, the following was found: 1. A staff file (DOH: 2/1/13) did not contain documentation of an annual professional development plan. 2. A staff file (DOH: 7/1/04) did not contain documentation of an annual professional development plan. 3. A staff file (DOH: 8/1/11) did not contain documentation of a current annual professional development plan. The last professional development plan on file was completed in 2016. The Director reported that the professional development plans had all been completed but she had left them at her home.	
Posted Documentation	In Compliance
Animals	In Compliance

Signature of Provider/Representative

Title

Date