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Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Berea College Child Development Laboratory	Provider Information Provider Type: LICENSED TYPE I	CLR No: L355092
Provider Address: 125 W. Jefferson Street, Berea, KY, 40403		Capacity: 168
Owner(s): Berea College		Director(s): Carter, Tammy Lynn

Inspection Type: Renewal Application	Inspection Information	Inspection No: 321446
Date Initiated: 06/13/2022 9:58 AM	Date Concluded: 06/13/2022 3:05 PM	
	No. of Children Present: 49	

Inspection Report	
Background Checks	Not In Compliance
5 - Background check/left alone/dismissed/relocated	
Not In Compliance	
<p>922 KAR 2:280. Section 3. Implementation and Enforcement.</p> <p>(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.</p> <p>(2) A child care staff member hired on or after April 1, 2018, shall:</p> <p>(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</p> <p>(b) 1. Have submitted to the background checks required in accordance with this administrative regulation;</p> <p>2. Not be left unsupervised with a child in care pending the completion of the background checks in accordance with this administrative regulation; and</p> <p>3. Be dismissed or relocated from the residence if the person is found to have a disqualifying background check result.</p>	
Findings:	
<p>General: Based on review of a Child Abuse/Neglect Background Check, the surveyor found that a staff (DOH: 08/13/20) lived in the state of Tennessee in the last five (5) years. The staff's file did not contain a completed out of state Child Abuse/Neglect Background Check or a Criminal Records Background Check for the state of Tennessee. During interview, staff-in-charge stated that the staff person has not worked alone with children. The surveyor did not observe the staff person working alone with children. Staff-in-charge stated that she would submit the out of state Child Abuse/Neglect Background Check and Criminal Records Background Check for the staff person. The staff's file contained a completed Child Abuse/Neglect Background Check dated 08/25/20 and a completed Criminal Records Background Check dated 08/12/20 for the state of Kentucky. Based on review of the Kentucky National Background Check Service, the staff person had a completed background check with an eligibility date of 08/18/21.</p>	
Supervision	In Compliance
Staffing Requirements	In Compliance

Inspection Report	
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: <ol style="list-style-type: none"> 1. An unlocked pull out drawer on a brown table located beside a white refrigerator in Classroom 143 that contained approximately four (4) screws and an unopened Pole Socket Set package that contained approximately three (3) screws. 2. A Bissell sweeper hanging from a wall shelf and observed to be within reach of the children located in the restroom between Classroom 143 and Classroom 146. 3. A tall brown light fixture placed on a small ledge beside a set of cubbies in Classroom 136 that did not appear to be secure. 4. A flat head screwdriver, one (1) screw, and a roll of black plastic bags placed inside an unlocked drawer located by the sink in Classroom 124. 5. Approximately three (3) large boxes placed on the floor in Classroom 124. A large box, two (2) steel buckets with items stored inside, and radio flyer wagon were observed to be placed on top of the boxes. 6. A rolled up rug standing upright and leaned against a set of large boxes in Classroom 124. 7. A mirror placed on the floor by a window in Classroom 124 that did not appear to be secured to the wall. During interview, staff-in-charge stated that Classroom 124 was not currently being utilized by children and she was not aware that they could not store the items mentioned inside the classroom. Staff-in-charge stated that the boxes contained furniture for the classroom.	
Director Requirements	In Compliance
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: <ol style="list-style-type: none"> 1. The following staff (DOH: 02/24/16, 07/08/21, 09/08/20, and 02/10/11) files did not contain documentation of a current TB skin test or a statement from a health professional stating that the staff person was free from active tuberculosis. During interview, staff-in-charge stated that the staff mentioned did not have an up-to-date TB skin test. 2. A staff's (DOH: 03/22/22) file contained documentation of a current TB skin test or a statement from a health professional stating that the staff person was free from active tuberculosis; however, the documentation did not contain the name of the staff person. 	
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 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 ECE-TRIS, the surveyor found the following: <ol style="list-style-type: none"> 1. A staff (DOH: 06/29/20) completed one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training on 12/06/16; therefore, the training was not completed within the last five (5) years. 2. A staff (DOH: 02/10/11) completed one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training on 04/06/17; therefore, the training was not completed within the last five (5) years. 3. A staff (DOH: 07/23/10) completed one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training on 04/03/17; therefore, the training was not completed within the last five (5) years. 4. A staff (DOH: 08/13/20) obtained seven and one-half (7 ½) hours of the required fifteen (15) hours of cabinet-approved early care and education training for the review period 08/13/20 – 08/13/21. 	
Programming	In Compliance

Inspection Report	
Premises	Not In Compliance
585 - 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, the surveyor found the following: <ol style="list-style-type: none"> What appeared to be food crumbs on top of a black refrigerator located in Classroom 142; therefore, the refrigerator was not kept clean. A black build-up of residue around the front of the faucet on a small sink located in Classroom 139; therefore, the sink was not kept clean. A brown build-up of residue around the front of the faucet on a small sink located in Classroom 142; therefore, the sink was not kept clean. Toilet paper located in the floor in front of the toilet in the restroom in Classroom 136; therefore, the floor was not kept clean. 	
Hygienic Practices	Not In Compliance
730 - Diaper Changing Area/Surface	Not In Compliance
922 KAR 2:120. Section 12. Toilet, Diapering, and Toiletry Requirements. (10) When a child is diapered, the child shall: (b) Be placed on a surface that is: <ol style="list-style-type: none"> Clean; Padded; Free of holes, rips, tears, or other damage; Nonabsorbent; Easily cleaned; and Free of any items not used for diaper changing. 	
Findings: General: Based on observation, the surveyor found the following: <ol style="list-style-type: none"> Debris on the diaper changing table underneath the diaper changing pad in Classroom 146; therefore, the diaper changing surface was not kept clean. Debris on the diaper changing table railings around the diaper changing pad in Classroom 143; therefore, the diaper changing surface was not kept clean. 	
First Aid/Medication	In Compliance
Outdoor Play Area	Not In Compliance
795 - Playground Conditions	Not In Compliance
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.	
Findings: General: Based on observation, the surveyor found the following: <ol style="list-style-type: none"> A small gap along the bottom part of a wooden fence located on the side of the playground by Classroom 132. A wooden board located beside the child-care center building by an exit door on the side playground that had the flat end of approximately seven (7) screws sticking up out of the board. 	
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	In Compliance
Children's Records	In Compliance

Inspection Report**Written Documentation****Not In Compliance****1270 - Daily Attendance Records****Not In Compliance****922 KAR 2:090. Section 9. Records.****(1) A child-care center shall maintain:**

(c) Daily attendance records documenting the arrival and departure time of each child, including records that are required in accordance with 922 KAR 2:160, Section 13, if a child receives services from the child-care center through the Child Care Assistance Program;

Findings:

General: Based on review of documentation, the surveyor found that the daily attendance record for 06/13/22 for Classroom 136 had seventeen (17) children's arrival times documented; however, nineteen (19) children were present. During interview, staff-in-charge stated that two (2) children were not signed in on the daily attendance record.

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: 02/24/16) file contained a professional development plan with a date of 03/25/20 and 12/31/20; therefore, the plan was not completed annually.
2. A staff's (DOH: 02/10/14) file contained a professional development plan with a date of 06/18/20; therefore, the plan was not completed annually.
3. A staff's (DOH: 06/29/20) file contained a professional development plan with a date of 09/30/20; therefore, the plan was not completed annually.
4. A staff's (DOH: 10/03/11) file contained a professional development plan with a date of 06/21/20 and 12/31/20; therefore, the plan was not completed annually.
5. A staff's (DOH: 05/13/19) file contained a professional development plan with a date of 04/29/20 and 04/29/21; therefore, the plan was not completed annually.
6. A staff's (DOH: 10/19/18) file contained a professional development plan with a date of 04/19/20 and 12/31/20; therefore, the plan was not completed annually.
7. A staff's (DOH: 04/17/19) file contained a professional development plan with a date of 05/01/20 and 05/01/21; therefore, the plan was not completed annually.
8. A staff's (DOH: 04/14/18) file contained a professional development plan with a date of 04/02/20 and 03/01/21; therefore, the plan was not completed annually.
9. A staff's (DOH: 08/19/19) file contained a professional development plan with a date of 06/19/20 and 05/01/21; therefore, the plan was not completed annually.
10. A staff's (DOH: 06/20/16) file contained a professional development plan with a date of 03/26/20 and 03/26/21; therefore, the plan was not completed annually.
11. A staff's (DOH: 07/01/05) file contained a professional development plan with a date of 01/01/20 and 12/31/20; therefore, the plan was not completed annually.
12. A staff's (DOH: 02/10/11) file contained a professional development plan with a date of 04/13/20 and 05/01/21; therefore, the plan was not completed annually.
13. A staff's (DOH: 07/06/15) file contained a professional development plan with a date of 03/26/20 and 12/31/20; therefore, the plan was not completed annually.
14. A staff's (DOH: 07/23/10) file contained a professional development plan with a date of 04/01/20 and 04/01/21; therefore, the plan was not completed annually.
15. A staff's (DOH: 01/13/11) file contained a professional development plan with a date of 06/05/20 and 12/31/20; therefore, the plan was not completed annually.
16. A staff's (DOH: 12/10/12) file contained a professional development plan with a date of 05/01/20 and 05/01/21; therefore, the plan was not completed annually.
17. A staff's (DOH: 09/14/20) file did not contain a professional development plan; therefore, the surveyor was unable to determine that the plan was completed annually.
18. A staff's (DOH: 09/08/20) file did not contain a professional development plan; therefore, the surveyor was unable to determine that the plan was completed annually.

Posted Documentation**In Compliance****Animals****In Compliance**

Signature of Provider/Representative

Title

Date