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Inspection Report

Provider Name: Little Learners	Provider Information	CLR No: L378179
Provider Address: 850 Hwy 15, Campton, KY, 41301	Provider Type: LICENSED TYPE I	Capacity: 49
Owner(s): Little Learners Inc.		Director(s): Banks, Kayla Jo

Inspection Type: Renewal Application	Inspection Information	Inspection No: 219694
Date Initiated: 05/18/2017 10:30 AM	Date Concluded: 05/18/2017 1:20 PM	
	No. of Children Present: 28	

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 following were found:

1. A staff file (DOH: 4/7/15) contained an annual evaluation that was completed on 2/24/16; therefore, the evaluation had not been updated annually as required.
2. A staff file (DOH: 5/19/15) contained an annual evaluation that was completed in 2014; therefore, the evaluation had not been updated annually as required.
3. A staff file (DOH: 3/10/14) contained an annual evaluation that was completed in 2/2016; therefore, the evaluation had not been updated annually as required.

The Director reported that she had designated another staff member to complete the professional development plans as she had not been at work much due to a death in the family.

Employee Records **Not In Compliance**

315 - Educational Requirements **Not In Compliance**

922 KAR 2:110. Section 5. 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 that a staff file (DOH: 5/2/17) presented for review did not contain proof of education in the form of a high school diplomen, GED, or Commonwealth Child Care Credential.

320 - TB Verification

Not In Compliance

922 KAR 2:110. Section 5. 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 observation and interview, the surveyor found that a staff file (DOH: 5/9/17) presented for review contained a negative tuberculin skin test read on 10/5/14; therefore, the tuberculin test had not been completed every two (2) years as required. The Director was not aware that the tuberculin skin test had not been completed every two (2) years.

340 - Training

Not In Compliance

922 KAR 2:110. Section 5. Staff Requirements.

(14) 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 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 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 following were found:

- 1. A staff file (DOH: 4/7/15) presented for review did not contain documentation of the completion of fifteen (15) hours of annual training for 4/7/16 - 4/6/17. The file only contained documentation for four (4) hours of annual training. Review of ECE-TRIS revealed that only four (4) hours of annual training were completed for 4/7/16 - 4/6/17. The Director stated she thought the staff member had obtained more training.
- 2. A staff file (DOH: 9/4/12) presented for review did not contain documentation of the completion of fifteen (15) hours of annual training for 9/4/15 - 9/3/16. The file only contained documentation for three (3) hours of annual training. Review of ECE-TRIS revealed that only three (3) hours of annual training were completed for 9/4/15 - 9/3/16. The Director stated she was aware that the required number of annual training hours had not been completed.
- 3. A staff file (DOH: 5/19/14) did not contain documentation of the completion of Pediatric Abusive Head Trauma training. Review of ECE-TRIS revealed that Pediatric Abuse Head Trauma training had not been completed. The Director was not aware that the training had not been completed.

Programming

In Compliance

Premises

Not In Compliance

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 was found:

- 1. There was a spilled substance that was dry and sticky on the counter next to the changing mat in the Infant/Toddler room. Staff was not aware that the counter was soiled.
- 2. The pink rug located in the Infant/Toddler room had a significant amount of dirty and debris on it. Staff reported that the rugs are vacuumed daily.

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 surveyor found that the black strip running along the base of the wall in the Preschool room was pulling away from the wall exposing the dry wall in the corner next to the window. Staff reported they were not aware of the damaged wall.

580 - 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 sanitized daily.**

Findings:

General: Based on observation and interview, the surveyor found that there was a soiled paper towel in the floor of the shower stall located in the boys restroom. Staff reported that the restrooms are cleaned at least three (3) times each day.

590 - Toilet

Not In Compliance

922 KAR 2:120. Section 10. Toilet, Diapering, and Toiletry Requirements.

- (4) Each toilet shall:**
- (a) Be kept in clean condition;**
 - (b) Be kept in good repair;**
 - (c) Be in a lighted room; and**
 - (d) Have ventilation to outside air.**

Findings:

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

- 1. The toilet in the girls' restroom was black and soiled around the base.
- 2. The toilet in the boys' restroom had urine on the seat.

Staff reported that the toilets are cleaned at least three (3) times each day.

Hygienic Practices

Not In Compliance

635 - Diapering Practice

Not In Compliance

922 KAR 2:120. Section 10. Toilet, Diapering, and Toiletry Requirements.

- (12) Staff shall disinfect the diapering surface after each child is diapered.**
- (13) If staff wear disposable gloves, the gloves shall be changed and disposed after each child is diapered.**

Findings:

General: Based on observation and interview, the surveyor found that the diaper changing surface had crumbs, dirt, and debris on it. Staff reported that they changed a child and did not clean or sanitize the diapering surface.

First Aid/Medication

In Compliance

Outdoor Play Area

Not In Compliance

685 - Playground Clean

Not In Compliance

922 KAR 2:120. Section 4. Premises Requirements.

- (20) An outdoor play area shall be:**
- (c) Free from:**
- 1. Litter;**
 - 2. Glass;**
 - 3. Rubbish; and**
 - 4. Flammable materials;**

Findings:

General: Based on observation and interview, the surveyor found that the playground was not free from litter and debris as follows:

- 1. There was a Yankee Candle air freshener laying next the fence on the inside of the playground near the parking lot.
- 2. There was an empty Dorito's bag on the ground behind the climbing structure.

Equipment

Not In Compliance

730 - Crib/Mattress/Sheet

Not In Compliance

922 KAR 2:120. Section 6. Sleeping and Napping Requirements.

- (3) Rest time shall include adequate space specified by the child's age as follows:**
- (a) For an infant:**
- 1. An individual non-tiered crib that meets Consumer Product Safety Commission standards established in 16 C.F.R. 1219-1220;**
 - 2. A firm crib mattress in good repair with a clean tight-fitted sheet that shall be changed:**
 - a. Weekly; or**
 - b. Immediately if it is soiled or wet;**

Findings:

General: Based on observation and interview, the surveyor found that there were two (2) cribs that had soiled sheets on them. Staff reported that she had used one of the cribs by placing a child in it for a few minutes while tending to the other children.

Inspection Report

755 - Toys/Equipment/Furniture

Not In Compliance

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.

Findings:

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

1. Two (2) pink and teal floor pillows located in the Infant/Toddler room had a dried white substance on them. The Director reported that the pillows are laundered once every week.
2. Two (2) large round pink and green cushions stacked on the floor of the Infant/Toddler room were soiled as well as had dirt and debris between them. The Director stated that she takes the cushions to the laundry mat to wash once a week.
3. The wood rocking chair located in the Infant/Toddler room was soiled with what appeared to be dried milk and food.
4. A pink toy located in the home center of the Preschool room contained a spilled brown substance that had dried. Staff stated that the toys are cleaned and sanitized daily while the children are napping.
5. The plastic face of the toy stove located in the home center of the Preschool room was broken. Staff was not sure how long it had been broken.
6. The toddler eating table located in the School Age room had food particles that had been left in the seats.
7. The seat of the blue child size chair located on the playground was broken exposing the metal frame underneath the seat of the chair. The metal frame had sharp edges. Staff was not aware of the broken seat.

The Director reported that all staff have a cleaning list they are supposed to go by for cleaning their classrooms on a daily basis.

760 - Indoor/Outdoor Equipment

Not In Compliance

922 KAR 2:120. Section 11. Toys and Furnishings.

(2) Indoor and outdoor equipment shall:

- (a) Be clean, safe, and in good repair;
- (b) Meet the physical, developmental needs, and interests of children of different age groups;
- (c) Be free from sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, hazardous small parts, lead-based paint, poisonous material, and flaking or chalking paint; and
- (d) Be designed to guard against entrapment or situations that may cause strangulation.

Findings:

General: Based on observation, the following was found:

1. There were three (3) trikes located on the playground that were missing seats.
2. There was one (1) trike on the playground that was missing a pedal. The Director stated she had just received new pedals for the trikes but had not yet replaced them.
3. There was one (1) power wheels riding toy on the playground that was missing the seat.

Transportation

Not Applicable

Food Service

Not In Compliance

935 - Refrigerator

Not In Compliance

922 KAR 2:120. Section 8. Kitchen Requirements.

(4) A cold-storage facility used for storage of perishable food in a nonfrozen state shall:

- (a) Have an indicating thermometer or other appropriate temperature measuring device;
- (b) Be in a safe environment for preservation; and
- (c) Be forty (40) degrees Fahrenheit or below.

Findings:

General: Based on observation and interview, the surveyor found that there was not a thermometer in the refrigerator located in the Infant/Toddler room; therefore, it could not be determined if the temperature was maintained at forty (40) degrees Fahrenheit or less. The Director stated that the thermometer must have been taken out of the refrigerator at some point.

940 - Frozen Food

Not In Compliance

922 KAR 2:120. Section 8. Kitchen Requirements.

(5) Frozen food shall be:

- (a) Kept at a temperature of zero degrees Fahrenheit or below; and
- (b) Thawed:
 1. At refrigerator temperatures;
 2. Under cool, potable running water;
 3. As part of the cooking process; or
 4. By another method in accordance with the Department of Public Health's food safety standards and permits, established in KRS Chapter 217.

Findings:

General: Based on observation and interview, the surveyor found that the thermometer in the freezer located in the Infant/Toddler room was broken; therefore, it could not be determined if the temperature was maintained at zero (0) degrees Fahrenheit or less. The Director was not aware that the thermometer was broken.

Inspection Report

**Children's Records
Written Documentation**

**In Compliance
Not In Compliance
Not In Compliance**

1105 - Professional Development

**922 KAR 2:110. Section 3. 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 and interview, the following were found:

1. A staff file (DOH: 4/7/15) contained a professional development plan that was completed on 2/24/16; therefore, the professional development plan had not been updated annually as required.
2. A staff file (DOH: 5/19/15) contained a professional development plan that was completed in 2014; therefore, the professional development plan had not been updated annually as required.
3. A staff file (DOH: 3/10/14) contained a professional development plan that was completed in 2014; therefore, the professional development plan had not been updated annually as required.
4. A staff file (DOH: 9/4/12) contained a professional development plan that was completed in 2014; therefore, the professional development plan had not been updated annually as required.

The Director reported that she had designated another staff member to complete the professional development plans as she had not been at work much due to a death in the family.

Posted Documentation

In Compliance

Animals

In Compliance

Signature of Provider/Representative

Title

Date