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**Andy Beshear**GOVERNOR

# CABINET FOR HEALTH AND FAMILY SERVICES OFFICE OF INSPECTOR GENERAL

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Eric Friedlander SECRETARY

Adam Mather
INSPECTOR GENERAL

# **Inspection Report**

**Provider Information** 

Provider Type: LICENSED TYPE I

**CLR No:** L383151

Provider Address: 100 West Church St., Stanton, KY, 40380 Capacity: 74

Owner(s): Stanton Christian Church Of Stanton, Kentucky, Inc.

**Provider Name:** Stanton Christian Church Training His Treasures

Director(s): Fain, Phyllis Marie

Inspection No: 319110

Inspection Information
Inspection Type: Renewal Application

No. of Children Present: 26

| Inspection Report     |               |
|-----------------------|---------------|
| Background Checks     | In Compliance |
| Supervision           | In Compliance |
| Staffing Requirements | In Compliance |



## **General Administration**

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 and review of documentation, the surveyor found the following:

- 1. A staff's (DOH: 07/01/20) file did not contain documentation of background checks submitted through the Kentucky National Background Check Service. Based on review of the Kentucky National Background Check Service, the staff person did not have a completed background check as of the date of the survey, 02/17/22. 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. The staff's file contained a completed Child Abuse/Neglect Background Check dated 08/27/20 and a completed Criminal Records Background Check dated 06/22/20.
- 2. A brown cabinet that was pulled out from the wall in the Two Year Old Classroom. The cabinet appeared to have a separate top piece that was placed slightly sideways and did not appear to be secured to the bottom of the cabinet.
- 3. Three (3) black knives located on a black shelf beside the exit door in the Four-Five Year Old Classroom that appeared to be within reach of the children.
- 4. A white knife located on a white wooden shelf beside the exit door in the Four-Five Year Old Classroom that appeared to be within reach of the children. The knife was observed placed on top of a small white wire shelf that was placed on the wooden shelf. The classroom was located across from the Sleep/Nap Classroom.
- 5. Two (2) green/white bottles of Alcohol-Free Foaming Hand Sanitizer placed on a yellow child sized table, two (2) green/white bottles of Alcohol-Free Foaming Hand Sanitizer placed on a red child sized table, and one (1) green/white bottle of Alcohol-Free Hand Sanitizer placed on a brown child sized table in the Four-Five Year Old Classroom that read "Keep Out of the Reach of Children" on the back labels. The classroom was located across from the Sleep/Nap Classroom.
- 6. A bottle of Soft Soap Antibacterial placed on a brown table in the girls' restroom located beside the Gym that read "Keep Out of the Reach of Children" on the back label. The soap was observed to be accessible to the children.
- 7. A bottle of Soft Soap Antibacterial placed on the sink in the girls' restroom located beside the Gym that read "Keep Out of the Reach of Children" on the back label. The soap was observed to be accessible to the children.
- 8. One (1) bottle of Soft Soap Antibacterial that read "Keep Out of the Reach of Children" on the back label placed on the sink in the boys' restroom located next to the Gym.

Director Requirements

**Not In Compliance** 

Not In Compliance

360 - 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 that a staff's (DOH: 01/03/17) file contained an annual written performance evaluation dated 07/30/20; therefore, the evaluation was not completed annually.

**Employee Records** 

Not In Compliance

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 documentation and ECE-TRIS, the surveyor found the following:

- 1. A staff's (DOH: 07/01/20) file did not contain documentation of one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training; therefore, the training was not completed within one (1) year of employment.
- 2. A staff (DOH: 07/01/16) completed one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training on 07/14/16; therefore, the training was not completed within the last five (5) years.
- 3. A staff (DOH: 08/16/16) completed one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training on 11/16/16; therefore, the training was not completed within the last five (5) years.

**Programming** 

In Compliance



#### **Premises**

**Not In Compliance** 

565 - 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, the surveyor found the following:

- 1. A container of Disinfecting Wipes that read "Keep Out of the Reach of Children" on the back label and a clear spray bottle that read "Disinfectant Diapering Areas" and stated bleach on the label placed on top of the diaper changing table that was attached to the wall in the girls' restroom located beside the Gym.
- 2. Two (2) containers of Disinfecting Wipes placed on a table near the exit door in the Gym that read "Keep Out of the Reach of Children" on the back label.
- 3. A brown purse placed on the floor beside a brown cabinet in the Two Year Old Classroom. Through interview with staff, the surveyor learned that the purse belonged to a staff person.

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:

- 1. Five (5) blue chairs in the boys' restroom located beside the Gym that contained a brown residue that appeared to be dirt/debris; therefore, the chairs were not kept clean.
- 2. Three (3) blue chairs in the girls' restroom located beside the Gym that contained a brown residue that appeared to be dirt/debris; therefore, the chairs were 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:
- . ..
- 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.

# Findings:

General: Based on observation, the surveyor found a rip/tear in the diaper changing pad and debris on the diaper changing table underneath the diaper changing pad in the Changing Room; therefore, the diaper changing surface was not kept clean or free of holes, rips, tears, or other damage. The diaper changing table was located next to the sink.



# First Aid/Medication

760 - First Aid Supplies Not In Compliance

922 KAR 2:120. Section 7. First Aid and Medicine.

- (1) First aid supplies shall:
- (a) Be available to provide prompt and proper first aid treatment;
- (b) Be stored out of reach of a child;
- (c) Be periodically inventoried to ensure the supplies have not expired;
- (d) If reusable, be:
- 1. Sanitized; and
- 2. Maintained in a sanitary manner; and
- (e) Include:
- 1. Liquid soap;
- 2. Adhesive bandages;
- 3. Sterile gauze;
- 4. Medical tape;
- 5. Scissors;
- 6. A thermometer;
- 7. Flashlight;
- 8. Cold pack;
- 9. First aid book;
- 10. Disposable gloves; and
- 11. A cardiopulmonary resuscitation mouthpiece protector.

#### Findings:

General: Based on observation, the surveyor found a First Aid Kit placed on top of a diaper changing table that was attached to the wall in the girls' restroom. The First Aid Kit appeared to be within reach of the children; therefore, the First Aid Kit was not stored out of reach of a child.

# Outdoor Play Area

Not In Compliance

**Not In Compliance** 

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;

795 - Playground Conditions

- (g) In good repair; and
- (h) Visible to staff at all times.

# Findings

General: Based on observation, the surveyor found the following:

- 1. Water standing inside four (4) containers located under a wooden play structure on the Preschool Playground that had what appeared to be black plastic bags placed over the containers.
- 2. The fence around what appeared to be a air/heat unit was broken and no longer attached to the other railing located on the Toddler Playground. The fence was observed to be leaning against the other railing and several cables were located behind the air/heat unit.
- 3. What appeared to be a vine/brush hanging over a wooden fence railing in the back corner of the Toddler Playground.
- 4. The top part of a baluster that was detached from a wooden railing and exposing one (1) nail located around what appeared to be an air unit near a gate entrance on the Toddler Playground.
- 5. A wooden baby gate that was placed in front of a set of steps on the Toddler Playground that lead up to a second level that contained a gap and did not appear to be secured.

| 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 |



# **Written Documentation**

**Not In Compliance** 

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: 07/01/20) file contained a professional development plan dated for 08/09/20; therefore, the plan was not completed annually.
- 2. A staff's (DOH: 08/29/16) file contained a professional development plan that was not dated; therefore, the surveyor was unable to determine that the plan was completed annually.
- 3. A staff's (DOH: 08/22/13) file contained a professional development plan that was not dated; therefore, the surveyor was unable to determine that the plan was completed annually.

**Posted Documentation** 

In Compliance

Animals

In Compliance



Signature of Provider/Representative