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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

<b>Provider Name:</b> Kids Care Child Development Center	<b>Provider Information</b>	<b>CLR No:</b> L383261
<b>Provider Address:</b> 9734 W. Hwy 80, Nancy, KY, 42544	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 29
<b>Owner(s):</b> Kids Care Child Development Center, LLC		<b>Director(s):</b> Tudor, Heather Brooke

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 220742
<b>Date Initiated:</b> 07/18/2017 10:05 AM	<b>Date Concluded:</b> 07/18/2017 11:35 AM	
	<b>No. of Children Present:</b> 10	

Inspection Report	
<b>Supervision</b>	<b>In Compliance</b>
<b>Staffing Requirements</b>	<b>In Compliance</b>
<b>General Administration</b>	<b>In Compliance</b>
<b>Director Requirements</b>	<b>Not In Compliance</b>
<b>255 - Staff Meeting</b>	<b>Not In Compliance</b>
<b>922 KAR 2:110. Section 4. Director Requirements and Responsibilities.</b> <b>(1) Effective with the adoption of this administrative regulation, a director shall:</b> <b>(i) Conduct, manage, and document in writing staff meetings;</b>	
<b>Findings:</b> General: Based on review of documentation and interview, the surveyor was not presented with documentation of staff meetings. The Director stated that staff meetings had been completed but may not have been documented.	
<b>260 - Staff Evaluation</b>	<b>Not In Compliance</b>
<b>922 KAR 2:110. Section 4. Director Requirements and Responsibilities.</b> <b>(1) Effective with the adoption of this administrative regulation, a director shall:</b> <b>(j) Assess each staff person's interaction with children in care and classroom performance through an annual written performance evaluation;</b>	
<b>Findings:</b> General: Based on review of documentation and interview, the following were found: <ol style="list-style-type: none"> <li>1. A staff file (DOH: 5/26/16) presented for review did not contain an annual performance evaluation.</li> <li>2. A staff file (DOH: 11/26/14) presented for review contained an annual performance evaluation dated for 7/27/15; therefore, an annual performance evaluation was not completed annually.</li> <li>3. A staff file (DOH: 4/14/14) presented for review contained an annual performance evaluation dated for 7/27/15; therefore, an annual performance evaluation was not completed annually.</li> <li>4. A staff file (DOH: 4/14/14) presented for review contained an annual performance evaluation dated for 7/27/15; therefore, an annual performance evaluation was not completed annually.</li> </ol> The Director confirmed that the annual performance evaluations had not been completed.	

**265 - Health, Safety, Comfort**

**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:**

**(l) Provide for the health, safety, and comfort of each child;**

**Findings:**

General: Based on observation and interview, the surveyor found that there were loose electrical cords hanging from the wall mounted television in the Preschool Classroom. The Director acknowledged that the cords presented a safety risk to the children and should be inaccessible to the children.

**Employee Records**

**Not In Compliance**

**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: 5/26/16) presented for review contained documentation of only thirteen and a half (13.5) hours of annual training. Review of ECE-TRIS, confirmed that the staff member had only completed thirteen and a half (13.5) hours of training for 05/26/16 - 05/25/17.

2. A staff file (DOH: 11/26/14) presented for review contained documentation of only fourteen (14) hours of annual training. Review of ECE-TRIS, confirmed that the staff member had only completed fourteen (14) hours of training for 11/26/15 - 11/25/16.

3. A staff file (DOH: 4/14/14) presented for review contained documentation of only twelve (12) hours of annual training. Review of ECE-TRIS, confirmed that the staff member had only completed twelve (12) hours of training for 4/14/16 - 4/13/17.

4. A staff file (DOH: 4/14/14) presented for review contained documentation of only ten (10) hours of annual training. Review of ECE-TRIS, confirmed that the staff member had only completed ten (10) hours of training for 4/14/16 - 4/13/17.

5. A staff file (DOH: 4/4/14) presented for review contained documentation of only ten (10) hours of annual training. Review of ECE-TRIS, confirmed that the staff member had only completed ten (10) hours of training for 4/14/16 - 4/13/17.

Upon interview, the Director was not aware that the staff members were short on annual training hours.

**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 screw driver and a container of deoderant in the top drawer of the plastic storage contained located next to the changing station in the Infant Classroom.

2. There were two (2) brooms and a dustpan located next to the toilet in the restroom located off of the Infant Classroom. The items were accessible to children.

The Director acknowledged that the items should not be 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 surveyor found that the air vent located on the wall behind the changing station contained a significant amount of dust build up. The Director was not aware of the dust build up.

## Inspection Report

### 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 observed that two (2) ceiling tiles located in the Toddler Classroom had water stains on them. The Director reported that the damage was sustained recently due to a leak that occurred during some heavy rains.

### 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 surveyor found that there were yellow stains around the base of the toilet in the restroom located off of the Infant Classroom. Staff reported that the toilets and restrooms are cleaned daily.

**Hygienic Practices**

**In Compliance**

**First Aid/Medication**

**Not In Compliance**

### 670 - Medication

**Not In Compliance**

#### 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.**

#### Findings:

General: Based on observation and interview, the surveyor found that diaper rash cream and vaseline were stored in the drawers of the plastic storage container located next the changing station in the Infant Classroom. The drawers were not locked. The Director was not aware that the diaper rash cream and vaseline needed to be stored in a locked location.

**Outdoor Play Area**

**In Compliance**

**Equipment**

**In Compliance**

**Transportation**

**Not Applicable**

**Food Service**

**In Compliance**

**Children's Records**

**In Compliance**

**Written Documentation**

**Not In Compliance**

### 1105 - Professional Development

**Not In Compliance**

#### 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 was found:

1. A staff file (DOH: 5/26/16) presented for review did not contain an annual professional development plan.
2. A staff file (DOH: 11/26/14) contained an annual professional development plan dated for 7/10/16; therefore, the annual professional development plan had not been updated.
3. A staff file (DOH: 4/14/14) contained an annual professional development plan dated for 7/10/15; therefore, the annual professional development plan had not been updated.
4. A staff file (DOH: 4/14/14) contained an annual professional development plan dated for 7/10/15; therefore, the annual professional development plan had not been updated.
5. A staff file (DOH: 4/14/14) contained an annual professional development plan dated for 7/10/15; therefore, the annual professional development plan had not been updated.

The Director confirmed that the annual professional development plans had not been updated.

**Posted Documentation**

**In Compliance**

**Animals**

**In Compliance**

Signature of Provider/Representative

Title

Date