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Inspection Report

Provider Name: Little Elks Preschool South Elkhorn Christian Church	Provider Information Provider Type: LICENSED TYPE I	CLR No: L383276
Provider Address: 4343 Harrodsburg Rd., Lexington, KY, 40513		Capacity: 29
Owner(s): South Elkhorn Christian Church (disciples Of Christ) Of Lexington, Kentucky, Inc.		Director(s): McCardle, Jessica

Inspection Type: Renewal Application	Inspection Information	Inspection No: 318795
Date Initiated: 10/04/2021 9:50 AM	Date Concluded: 10/04/2021 11:50 AM	
	No. of Children Present: 25	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	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, it was found that three staff did not have evidence of a current evaluation on file at the facility. The last evaluation was dated from 2019.	
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, it was found that three staff hired on 8/6/14, 8/27/14 and 8/16/16 did not have evidence of the required 15 annual training hours.	
Programming	In Compliance

Inspection Report

Premises

Not In Compliance

625 - 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, in the Owl classroom, there was several areas of peeling paint that needed repair.

Hygienic Practices

In Compliance

First Aid/Medication

In Compliance

Outdoor Play Area

In Compliance

Equipment

In Compliance

Transportation

Not Applicable

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, it was found that four staff were missing evidence of a current professional development plan. The last professional development plan on file for these staff was dated from 2019.

1300 - Orientation Procedure

Not In Compliance

922 KAR 2:120. Section 2. Child Care Services.

(3)(b) The program shall include:

2. Written policy that states that the procedures that were taught at the orientation training shall be implemented by each child-care center staff member.

Findings:

General: Based on review of documentation, it was found that the center did not have a written orientation policy on file at the facility.

Posted Documentation

In Compliance

Animals

In Compliance

Signature of Provider/Representative

Title

Date