



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL**

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Inspection Report

Provider Name: Paces Creek Child Development Center	Provider Information Provider Type: LICENSED TYPE I	CLR No: L355805
Provider Address: 390 East Couch Road, Manchester, KY, 40962		Capacity: 108
Owner(s): Kceoc Community Action Partnership, Inc.		Director(s): Saylor, Melissa Choi

Inspection Type: Renewal Application	Inspection Information	Inspection No: 220751
Date Initiated: 08/28/2017 10:15 AM	Date Concluded: 08/28/2017 1:45 PM	
	No. of Children Present: 59	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	Not In Compliance
75 - Liability Insurance	Not In Compliance
922 KAR 2:090. Section 6. License Issuance. (11) To qualify for a preliminary license, or maintain a regular license, a child-care center shall: (d) Provide written proof of liability insurance coverage of at least \$100,000 per occurrence;	
Findings:	
General: Based on review of documentation and interview, the surveyor found that the proof of liability insurance presented for review documented that the policy expired as of 8/1/16. Upon interview, staff-in-charge reported that the updated insurance policy statement had not yet been recieved from central office.	
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 was found:	
1. A staff file (DOH: 03/12/97) presented for review contained an annual evaluation that was completed in April of 2016; therefore, the evaluation had not been updated annually as required.	
2. A staff file (DOH: 11/20/84) presented for review contained an annual evaluation that was completed in May of 2014; therefore, the evaluation had not been updated annually as required.	
Staff-in-charge reported that when some staff transferred to the center from other centers their updated evaluations were not sent with their file.	

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 review of documentation and interview, the surveyor found that a staff file (DOH: 11/20/84) presented for review contained a negative tuberculin skin test which had been read on 9/13/13; therefore, the staff had not completed a negative tuberculin skin test every two (2) years as required. Staff-in-charge explained that the staff member had transferred in from another center.

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 was found:

1. A staff file (DOH: 1/26/10) contained documentation of having completed Pediatric Abusive Head Trauma (PAHT) on 4/20/12. Review of ECE-TRIS confirmed that the staff member had completed PAHT training on 4/20/12; therefore, the staff did not meet the requirement of completing PAHT training every five (5) years.
2. A staff file (DOH: 8/30/99) contained documentation of having completed Pediatric Abusive Head Trauma (PAHT) on 4/20/12. Review of ECE-TRIS confirmed that the staff member had completed PAHT training on 4/20/12; therefore, the staff did not meet the requirement of completing PAHT training every five (5) years.
3. A staff file (DOH: 6/2/08) contained documentation of having completed Pediatric Abusive Head Trauma (PAHT) on 4/20/12. Review of ECE-TRIS confirmed that the staff member had completed PAHT training on 4/20/12; therefore, the staff did not meet the requirement of completing PAHT training every five (5) years.
4. A staff file (DOH: 9/17/02) contained documentation of having completed Pediatric Abusive Head Trauma (PAHT) on 4/20/12. Review of ECE-TRIS confirmed that the staff member had completed PAHT training on 4/20/12; therefore, the staff did not meet the requirement of completing PAHT training every five (5) years.
5. A staff file (DOH: 7/10/00) contained documentation of having completed Pediatric Abusive Head Trauma (PAHT) on 4/20/12. Review of ECE-TRIS confirmed that the staff member had completed PAHT training on 4/20/12; therefore, the staff did not meet the requirement of completing PAHT training every five (5) years.
6. A staff file (DOH: 8/21/97) contained documentation of having completed Pediatric Abusive Head Trauma (PAHT) on 4/20/12. Review of ECE-TRIS confirmed that the staff member had completed PAHT training on 4/20/12; therefore, the staff did not meet the requirement of completing PAHT training every five (5) years.
7. A staff file (DOH: 3/23/84) contained documentation of having completed Pediatric Abusive Head Trauma (PAHT) on 4/20/12. Review of ECE-TRIS confirmed that the staff member had completed PAHT training on 4/20/12; therefore, the staff did not meet the requirement of completing PAHT training every five (5) years.
8. A staff file (DOH: 12/14/07) contained documentation of having completed Pediatric Abusive Head Trauma (PAHT) on 4/20/12. Review of ECE-TRIS confirmed that the staff member had completed PAHT training on 4/20/12; therefore, the staff did not meet the requirement of completing PAHT training every five (5) years.
9. A staff file (DOH: 7/29/16) did not contain documentation of having completed Pediatric Abusive Head Trauma (PAHT) within the first year of employment. Review of ECE-TRIS, revealed that the staff member has not yet completed PAHT.
10. A staff file (DOH: 8/1/16) did not contain documentation of having completed Pediatric Abusive Head Trauma (PAHT) within the first year of employment. Review of ECE-TRIS, revealed that the staff member has not yet completed PAHT.

Staff-in-charge was not aware of the PAHT training requirements.

345 - Driver Requirements

Not In Compliance

922 KAR 2:120. Section 12. Transportation.
(18) A driver of a vehicle transporting a child for a center shall:
(a) Be at least twenty-one (21) years old;
(b) Complete:
 1. The background checks as described in 922 KAR 2:110; and
 2. An annual check of the:
 a. Kentucky driver history records in accordance with KRS 186.018; or
 b. Driver history records through the state transportation agency that issued the driver's license;
(c) Hold a current driver's license which has not been suspended or revoked during the last five (5) years; and
(d) Not caused an accident which resulted in the death of a person.

Findings:

General: Based on review of documentation and interview, the following was found:

1. The most recent driver history report submitted for staff (DOH: 12/12/13) was completed on 8/9/16; therefore, the driver history record was not completed annually as required.
2. The most recent driver history report submitted for staff (DOH: 03/23/84) was completed on 8/9/16; therefore, the driver history record was not completed annually as required.
3. The most recent driver history report submitted for staff (DOH: 12/14/07) was completed on 8/9/16; therefore, the driver history record was not completed annually as required.

Upon interview, staff-in-charge was not aware that the driver history report was supposed to be completed annually.

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 surveyor found that a closet located in the Garrard Classroom was left unlocked. The closet contained a gallon of Clorox Bleach and container of Pinesol. These items were accessible to the children due to the closet being left unlocked. Staff stated that they had been in and out of the closet through out the morning.

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 wall located behind the toilet in the boys' restroom off of the Garrard Classroom had sustained some water damage. The water damage had cause the rubber trim at the base of the wall to peel away from the wall. Upon interview, staff were not aware of the water damage to the wall.

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 the following:

1. The toilet located in the girls' restroom off of the Garrard Classroom contained black and yellow stains inside the toilet bowl. Staff reported that the toilets and restrooms are cleaned daily.
2. The toilet in the girls' restroom located off of the Horsecreek Classroom containe a chip in the toilet seat exposing the absorbent wood beneath the paint. The toilet was not in good repair and could not be properly sanitized. Staff stated they were not aware of the condition of the toilet.

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Hygienic Practices

Not In Compliance

625 - Diaper Changing Area/Surface

Not In Compliance

922 KAR 2:120. Section 10. 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 and interview, the surveyor found that the surface below the diaper changing mat in the restroom off of the Early Head Start Classroom was soiled with dirt and debris. Staff stated that the surface is cleaned daily.

First Aid/Medication

In Compliance

Outdoor Play Area

In Compliance

Equipment

In Compliance

Transportation

In Compliance

Food Service

Not In Compliance

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 white freezer located in the kitchen contained a thermometer which was reading at ten (10) degrees Fahrenheit rather than the required zero (0) degrees Fahrenheit or less. Kitchen staff were not aware that the thermometer was not reading correctly.

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:06/16/16) presented for review did not contain an annual professional development plan.
2. A staff file (DOH: 03/12/97) contained an annual professional development plan that was last updated on 8/1/16.
3. A staff file (DOH: 06/16/16) presented for review contained an annual professional development plan that was last updated on 8/1/16.
4. A staff file (DOH: 11/20/84) presented for review contained an annual professional development plan that was last updated on 8/7/14.

The annual professional development plans have not been updated annually as required. Staff-in-charge reported that some of the staff have transferred from other centers and she has not yet received their updated professional development plans.

1120 - Fire Drills

Not In Compliance

922 KAR 2:110. Section 3. Records.

(1) A child-care center shall maintain:

(i) A written record of practiced fire drills conducted monthly detailing the date, time, and children who participated in accordance with 922 KAR 2:120, Section 3;

Findings:

General: Based on review of documentation and interview, the surveyor found that a monthly fire drill had not been documented for September of 2016. Staff stated they were not sure if a drill had been conducted.

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1140 - Fire Drills

Not In Compliance

922 KAR 2:120. Section 3. General Requirements.

(12) A fire drill shall be conducted during hours of operation:

- (a) At least monthly; and**
- (b) Documented.**

Findings:

General: Based on review of documentation and interview, it was found that a monthly fire drill was not completed for September of 2016. Upon interview, staff were not sure if a drill had been completed and did not locate documentation for the drill.

Posted Documentation

In Compliance

Animals

In Compliance

Signature of
Provider/Representative

Title

Date