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GOVERNOR

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Inspection Report

Provider Name: Burkesville Head Start	Provider Information	CLR No: L352249
Provider Address: 46 David L Williams St., Burkesville, KY, 42717	Provider Type: LICENSED TYPE I	Capacity: 60
Owner(s): Lake Cumberland Community Action Agency, Inc.		Director(s): Southwood, Anne Elizabeth

Inspection Type: Renewal Application	Inspection Information	Inspection No: 247023
Date Initiated: 12/06/2018 10:45 AM	Date Concluded: 12/06/2018 12:10 PM	
	No. of Children Present: 53	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	Not In Compliance
345 - 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 and interview, the surveyor was not presented with an annual evaluation for staff (DOH: 8/10/99). Upon interview, staff-in-charge was not aware the information was missing from the file.	
Employee Records	Not In Compliance
410 - 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 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 cabinet-approved 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 cabinet-approved pediatric abusive head trauma training completed once every five (5) years.	
Findings:	
General: Based on review of documentation and interview, the surveyor was not presented with documentation of orientation for a staff (DOH: 7/1/18). Review of ECE-TRIS, revealed that orientation has not been completed by the staff member. Upon interview, staff-in-charge was not aware the documentation was missing from the file.	
Programming	In Compliance

Inspection Report

Premises

Not In Compliance

520 - 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, and interview, the surveyor found that an unlocked closet in classroom A contained multiple screw drivers, a hammer, non-safety scissors, a bottle of bleach, disinfectant spray, and Rust Preventative Spray. The items were accessible to the children. Staff reported that the lock on the closet door had just stopped working.

Hygienic Practices

In Compliance

First Aid/Medication

In Compliance

Outdoor Play Area

In Compliance

Equipment

In Compliance

Transportation

In Compliance

Food Service/Food Program

In Compliance

Food Service

In Compliance

Children's Records

In Compliance

Written Documentation

In Compliance

Posted Documentation

In Compliance

Animals

In Compliance

Signature of Provider/Representative

Title

Date