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**Inspection Report**

<b>Provider Name:</b> Busy Bees Christian Childhood Development Center 2, LLC	<b>Provider Information</b> <b>Provider Type:</b> LICENSED TYPE I	<b>CLR No:</b> L383437
<b>Provider Address:</b> 375 South Ky 1629, Corbin, KY, 40701		<b>Capacity:</b> 51
<b>Owner(s):</b> Busybees Christian Childhood Development Center 2, Llc		<b>Director(s):</b> Carr, Frankie Carolyn

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 221290
<b>Date Initiated:</b> 09/07/2017 9:50 AM	<b>Date Concluded:</b> 09/07/2017 11:45 AM	
	<b>No. of Children Present:</b> 14	

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>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 surveyor found that a staff file (DOH: 5/1/12) presented for review contained an annual evaluation that had not been dated. The last annual evaluation that had been dated was from 5/1/15; therefore, the annual evaluation had not been updated annually as required. Upon interview, staff in charge was not aware that the annual evaluation had not been dated.	

**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: 2/4/16) presented for review did not contain any training documentation for 2/4/16 - 2/3/17. Review of ECE-TRIS, revealed that the staff member had only obtained one and a half (1.5) hours of training for 2/4/16 - 2/3/17.
  2. A staff file (DOH: 2/4/16) presented for review did not contain documentation of the six (6) hours of cabinet-approved orientation. Review of ECE-TRIS revealed that the orientation training had not been completed. Staff-in-charge stated that the staff member had completed the orientation training when a trainer came to the child care center to provide the training.
  3. A staff file (DOH: 5/1/12) presented for review did not contain any training documentation for 5/1/16 - 4/30/17. Review of ECE-TRIS, revealed that the staff member had obtained zero (0) hours of annual training for 5/1/16 - 4/30/17.
  4. A staff file (DOH: 5/1/12) presented for review did not contain any training documentation for 5/1/16 - 4/30/17. Review of ECE-TRIS, revealed that the staff member had obtained zero (0) hours of annual training for 5/1/16 - 4/30/17.
  5. A staff file (DOH: 5/11/12) presented for review did not contain any training documentation for 5/11/16 - 5/10/17. Review of ECE-TRIS, revealed that the staff member had obtained zero (0) hours of annual training for 5/11/16 - 5/10/17.
  6. A staff file (DOH: 7/21/15) presented for review did not contain any training documentation for 7/21/16 - 7/20/17. Review of ECE-TRIS, revealed that the staff member had obtained zero (0) hours of annual training for 7/21/16 - 7/20/17.
  7. A staff file (DOH: 7/22/15) presented for review did not contain any training documentation for 7/22/16 - 7/21/17. Review of ECE-TRIS, revealed that the staff member had only obtained two hours (2) hours of annual training for 7/22/16 - 7/21/17.
  8. A staff file (DOH: 5/1/12) presented for review did not contain any training documentation for 5/1/16 - 4/30/17. Review of ECE-TRIS, revealed that the staff member had obtained zero (0) hours of annual training for 5/1/16 - 4/30/17.
  9. A staff file (DOH: 5/14/12) presented for review did not contain any training documentation for 5/14/16 - 5/13/17. Review of ECE-TRIS, revealed that the staff member had obtained zero (0) hours of annual training for 5/14/16 - 5/13/17.
  10. A staff file (DOH: 12/1/15) presented for review did not contain any training documentation for 12/1/15 - 11/30/16. Review of ECE-TRIS, revealed that the staff member had obtained zero (0) hours of annual training for 12/1/15 - 11/30/16.
  11. A staff file (DOH: 12/1/15) presented for review did not contain documentation that the cabinet-approved orientation training had been completed within the first three (3) month of employment. Review of ECE-TRIS, revealed that the staff member had not obtained the orientation training. Staff-in-charge reported that the staff member had completed the orientation training when a trainer came to the child care center to provide the training.
  12. A staff file (DOH: 12/1/15) presented for review did not contain documentation that the Pediatric Abusive Head Trauma (PAHT) training had been completed within the first year of employment. Review of ECE-TRIS, revealed that the staff member had not obtained PAHT training.
  13. A staff file (DOH: 5/1/12) presented for review did not contain any training documentation for 5/1/16 - 4/30/17. Review of ECE-TRIS, revealed that the staff member had obtained zero (0) hours of annual training for 5/1/16 - 4/30/17.
- Staff-in-charge stated during interview that they thought all staff had obtained the required annual training.

**Programming**

**In Compliance**

**Premises**

**Not In Compliance**

**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 there was a black and brown substance splattered onto the wall underneath the cubbies located in the Nursery Classroom. The substance was dry. Staff stated that the substance must be from the current week as she had not noticed it on the wall the previous week.

Inspection Report

585 - Sink

Not In Compliance

922 KAR 2:120. Section 10. Toilet, Diapering, and Toiletry Requirements.

(3) A sink shall be:

- (a) Located in or immediately adjacent to toilet rooms;
- (b) Equipped with hot and cold running water that allows for hand washing;
- (c) Equipped with hot water at a minimum temperature of ninety (90) degrees Fahrenheit and a maximum of 120 degrees Fahrenheit;
- (d) Equipped with liquid soap;
- (e) Equipped with hand-drying blower or single use disposable hand drying material;
- (f) Equipped with an easily cleanable waste receptacle; and
- (g) Immediately adjacent to a changing area used for infants and toddlers.

Findings:

General: Based on observation and interview, the surveyor found that there was no liquid soap available in the restroom located off of the School-Age Classroom. Staff reported that there would not be any children in the school- age room until the afternoon.

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 following were found:

- 1. There was a significant amount of dirt, food, and debris underneath the changing mat located in the Two's Classroom. Staff reported that they try to clean under the mat but do not do so after each diaper change.
- 2. The changing mat located in the Nursery Classroom contained multiple tears in the vinyl lining exposing the foam filling. Staff reported that the tears were recently made and that the center has extra mats available.

First Aid/Medication

In Compliance

Outdoor Play Area

Not In Compliance

690 - Playground Conditions

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

Findings:

General: Based on observation and interview, the surveyor found that the playground was not well maintained as the plastic barrier underneath the mulch was exposed in multiple areas creating a tripping hazard for the children. Upon interview, staff stated that they were aware that the plastic barrier was exposed.

Equipment

Not In Compliance

755 - Toys/Equipment/Furniture

Not In Compliance

922 KAR 2:120. Section 11. Toys and Furnishings.

(1) All toys, equipment, and furniture contacted by a child shall be:

- (a) Kept clean and in good repair; and
- (b) Free of peeling, flaking, or chalking paint.

Findings:

General: Based on observation and interview, the following were found:

- 1. The high chair located by the dining area doorway had Cheerios and pretzels in the seat. Staff reported that the children had scrambled eggs and toast for breakfast; therefore, the Cheerios and pretzels must have been left in the chair the previous day.
- 2. The exersaucer located by the window in the Nursery Classroom had crumbs and a sticky substance on the plastic surface where the toys are located. Staff stated that the exersaucer is wiped down one (1) time per week.

Transportation

Not Applicable

Inspection Report

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 thermometer located in the freezer was reading at ten (10) degrees Fahrenheit rather than the required zero (0) degrees Fahrenheit. Upon interview, staff was not aware that the thermometer was reading above zero (0) degrees Fahrenheit.

950 - Kitchen Equipment Clean and Sanitary

Not In Compliance

922 KAR 2:120. Section 8. Kitchen Requirements.

(7) The following shall be clean and sanitary:

- (a) Eating and drinking utensils;
- (b) Kitchenware;
- (c) Food contact surfaces of equipment;
- (d) Food storage utensils;
- (e) Food storage containers;
- (f) Cooking surfaces of equipment; and
- (g) Nonfood contact surfaces of equipment.

Findings:

General: Based on observation and interview, the surveyor found that the mini refrigerator located in the Nursery Classroom had a sticky pink substance and brown substance on the shelves inside and on the outside of the refrigerator door. Staff reported that the refrigerator was last cleaned approximately one and a half (1.5) months ago.

Children's Records

Not In Compliance

1075 - Enrollment Information

Not In Compliance

922 KAR 2:110. Section 3. Records.

(1) A child-care center shall maintain:

(b) A written record for each child:

- 1. Completed and signed by the child's parent;
- 2. Retained on file on the first day the child attends the child-care center; and
- 3. To contain:
  - a. Identifying information about the child, which includes, at minimum, the child's name, address, and date of birth;
  - b. Contact information to enable a person in charge to contact the child's:
    - (i) Parent at the parent's home or place of employment;
    - (ii) Family physician; and
    - (iii) Preferred hospital;
  - c. The name of each person who is designated in writing to pick-up the child;
  - d. The child's general health status and medical history including, if applicable:
    - (i) Allergies;
    - (ii) Restriction on the child's participation in activities with specific instructions from the child's parent or health professional; and
    - (iii) Permission from the parent for third-party professional services in the child-care center;
  - e. The name and phone number of each person to be contacted in an emergency situation involving or impacting the child;
  - f. Authorization by the parent for the child-care center to seek emergency medical care for the child in the parent's absence;

Findings:

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

- 1. One (1) child's file (DOE: 2/16/17) presented for review did not contain the preferred physicians name or telephone number.
- 2. One (1) child's file (DOE: 2/16/17) presented for review did not contain the preferred hospital name or telephone number.

Staff in charge was not aware that the information was missing from the file.

Written Documentation

Not In Compliance

1085 - Evacuation Plan

Not In Compliance

922 KAR 2:090. Section 5. Evacuation Plan.

(1) A licensed child-care center shall have a written evacuation plan in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard for a child in care in accordance with KRS 199.895.

Findings:

General: Based on review of documentation and interview, the surveyor found that the emergency preparedness plan was last documented to have been reviewed and updated on 7/10/15. Staff in charge reported that they were aware that the emergency preparedness plan had not been reviewed or updated annually by 12/31/16 as required.

Posted Documentation

In Compliance

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Signature of Provider/Representative

Title

Date