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Inspection Report

Provider Name: Pooh and Pals Learning Center	Provider Information	CLR No: L356354
Provider Address: 1278 East College Avenue, Stanton, KY, 40380	Provider Type: LICENSED TYPE I	Capacity: 47
Owner(s): Pooh And Pals, Inc.		Director(s): Preston, Rosemary

Inspection Type: Renewal Application	Inspection Information	Inspection No: 242659
Date Initiated: 01/19/2018 10:55 AM	Date Concluded: 01/19/2018 1:30 PM	
	No. of Children Present: 30	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	Not In Compliance
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 the mattresses located in all of the cribs in the Nursery Classroom did not properly fit the cribs thus presenting a safety risk to the children. There was a gap of approximately two (2) inches between each mattress and the foot of each bed. Upon interview, the Director stated that she did not realize this was a safety risk.	
Employee Records	Not In Compliance
330 - Adequate Substitute(s)	Not In Compliance
922 KAR 2:110. Section 5. Staff Requirements. (6) Child-care centers shall have available in case of need: (a) One (1) qualified substitute staff person for a Type II child-care center; or (b) Two (2) qualified substitute staff persons for a Type I child-care center.	
Findings:	
General: Based on review of documentation, review of ECE-TRIS, and interview, the surveyor found that the center did not have an adequate number of substitutes. There were three (3) staff (DOH: 10/14/16, 10/14/13, 6/16/16) identified as substitutes. The three (3) staff identified as substitutes had not obtained fifteen (15) hours of annual training as required. The Director stated she was not aware that the staff had not completed the required training.	

335 - Qualified Substitute

Not In Compliance

922 KAR 2:110. Section 5. Staff Requirements.

(7) Each qualified substitute staff person shall:

- (a) Meet the staff requirements of this administrative regulation; and**
- (b) Provide the required documentation to verify compliance with this administrative regulation.**

Findings:

General: Based on review of documentation, review of ECE-TRIS, and interview, the surveyor found that the center did not have an adequate number of qualified substitutes. There were three (3) staff (DOH: 10/14/16, 10/14/13, 6/16/16) identified as substitutes. The three (3) staff identified as substitutes had not obtained fifteen (15) hours of annual training as required. The Director stated she was not aware that the staff had not completed the required training.

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: 1/29/13) presented for review did not contain documentation of having obtained fifteen (15) hours of annual training for 1/29/16 - 1/28/17. Review of ECE-TRIS, revealed that only ten (10) hours of annual training had been completed.
2. A staff file (DOH: 10/14/16) presented for review did not contain documentation of having obtained fifteen (15) hours of annual training for 10/14/16 - 10/13/17. Review of ECE-TRIS, revealed that zero (0) hours of annual training had been completed.
3. A staff file (DOH: 6/16/16) presented for review did not contain documentation of having obtained fifteen (15) hours of annual training for 6/16/16 - 6/15/17. Review of ECE-TRIS, revealed that zero (0) hours of annual training had been completed.
4. A staff file (DOH: 10/14/16) presented for review did not contain documentation of having obtained fifteen (15) hours of annual training for 10/14/16 - 10/13/17. Review of ECE-TRIS, revealed that only zero (0) hours of annual training had been completed.
5. A staff file (DOH: 6/16/16) presented for review did not contained documentation of having obtained only twelve (12) hours of annual training for 6/16/16 - 6/15/17. Upon review of ECE-TRIS, the staff member could not be located in ECE-TRIS.

The Director stated that she had thought all staff had completed their annual training.

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 were three (3) drinks in disposable styrofoam resteraunt cups sitting on the red cubbies and sand table in the Pre-school Classroom. The drinks were accessible to the children. Staff interview confirmed that the drinks belonged to staff.
2. There was a container of air freshener and a container of Petroleum Jelly in a blue box next to the changing mat in the Nursery Classroom. The items were accessible to children. Staff stated that the items supposed to be locked up.

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 following were found:

1. A half eaten cookie was laying on top of the red cubbies next to the Pre-School Classroom entrance.
2. There was a soiled paper towel in a crib in the Nursery Classroom. Staff were not aware that the paper towel was in the crib.

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 found that the paint was peeling off of the wall above the Girls' Restroom door. Upon interview, the Director was not aware of the peeling paint.

Hygienic Practices

Not In Compliance

650 - Toy Sanitation Procedure

Not In Compliance

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

(4) Toys and other items that are considered mouth contact surfaces by a child not toilet trained shall be sanitized daily by:

- (a) Scrubbing in warm, soapy water using a brush to reach into crevices;**
- (b) Rinsing in clean water;**
- (c) Submerging in a sanitizing solution for at least two (2) minutes; and**
- (d) Air dried.**

Findings:

General: Based on interview, the surveyor found that mouth contact toys were not being properly sanitized. Staff stated that the mouth contact toys are soaked in a bleach solution and then air dried. Upon further inquiry, staff reported that the toys are scrubbed with a brush and soap as dish soap is also mixed into the bleach solution they soak the toys in.

First Aid/Medication

In Compliance

Outdoor Play Area

In Compliance

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 surveyor found that three (3) high chairs located in the Nursery Classroom had not been maintained in a clean condition. The high chairs had food debris in the seats and dried on the trays. Staff stated that the high chairs are wiped down and cleaned after each use.

Transportation

Not Applicable

Food Service

Not In Compliance

935 - Refrigerator

Not In Compliance

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

(4) A cold-storage facility used for storage of perishable food in a nonfrozen state shall:

- (a) Have an indicating thermometer or other appropriate temperature measuring device;**
- (b) Be in a safe environment for preservation; and**
- (c) Be forty (40) degrees Fahrenheit or below.**

Findings:

General: Based on observation and interview, the surveyor found that the refrigerator located in the kitchen was not maintained at a temperature of forty (40) degrees Fahrenheit or less as the thermometer inside the refrigerator was reading at fifty (50) degrees Fahrenheit. Upon interview, the Director stated that she was not aware that the thermometer was not reading at the correct temperature.

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 the following:

- 1. The freezer located in the Nursery Classroom was not maintained at a temperature of zero (0) degrees Fahrenheit as the thermometer was reading at thirty (30) degrees Fahrenheit at time of inspection.
- 2. The freezer located in the kitchen was not maintained at a temperature of zero (0) degrees Fahrenheit as the thermometer was reading at fifteen (15) degrees Fahrenheit at time of inspection.

Upon interview, the Director was not aware that the thermometers were not reading correctly.

Inspection Report

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. A child's file (DOE: 7/10/17) presented for review did not contain the preferred hospital name or contact information.
- 2. A child's file (DOE: 7/5/16) presented for review did not contain the preferred hospital name or contact information.
- 3. A child's file (DOE: 7/5/16) presented for review did not contain the preferred physician name or contact information.
- 4. A child's file (DOE: 12/14/17) presented for review did not contain the preferred hospital name or contact information.
- 5. A child's file (DOE: 8/5/17) presented for review did not contain the preferred hospital name or contact information.
- 6. A child's file (DOE: 11/15/17) presented for review did not contain the preferred hospital name or contact information.
- 7. A child's file (DOE: 8/2/13) presented for review did not contain the preferred hospital name or contact information.
- 8. A child's file (DOE: 11/30/17) presented for review did not contain the preferred hospital name or contact information.

Upon interview, the Director stated she was not aware that the parent's had not filled all the required information in on the enrollment applications.

Written Documentation

Not In Compliance

1095 - Daily Attendance Records

Not In Compliance

922 KAR 2:110. Section 3. Records.

(1) A child-care center shall maintain:

(c) Daily attendance records documenting the arrival and departure time of each child, including records that are required in accordance with 922 KAR 2:160, Section 13, if a child receives services from the child-care center through the Child Care Assistance Program;

Findings:

General: Based on review of documentation and interview, the surveyor found that only twenty-two (22) children were signed into the center on the day of the inspection; however, there were thirty (30) children present. The Director stated that parents are not always good about signing the children in and out.

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 were found:

- 1. A staff file (DOH: 3/31/99) presented for review did not contain a completed annual professional development plan.
- 2. A staff file (DOH: 10/14/13) presented for review did not contain a completed annual professional development plan.
- 3. A staff file (DOH: 6/16/16) presented for review did not contain a completed annual professional development plan.

Upon interview, the Director was not aware that the staff members had not completed an annual professional development plan.

Posted Documentation

In Compliance

Animals

In Compliance

Signature of Provider/Representative

Title

Date