



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

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Inspection Report

Provider Name: Allison's Wonderland	Provider Information	CLR No: L383517
Provider Address: 3101 Richmond Road Suite 301, Lexington, KY, 40509	Provider Type: LICENSED TYPE I	Capacity: 20
Owner(s): Allison's Wonderland Llc		Director(s): Ransom, Jane Allison

Inspection Type: Renewal Application	Inspection Information	Inspection No: 289765
Date Initiated: 07/01/2019 8:45 AM	Date Concluded: 07/01/2019 11:15 AM	
	No. of Children Present: 4	

Inspection Report	
Background Checks	Not In Compliance

10 - Submit background check **Not In Compliance**

922 KAR 2:280 - Section 4. Procedures and Payments.

(1) To initiate the process for obtaining background checks on a prospective child care staff member, the child care provider shall:

(a) Request that the prospective child care staff member provide a copy of his or her driver's license or other government-issued photo identification and verify that the photograph clearly matches the prospective child care staff member;

(b) Request that the prospective child care staff member complete and sign the:

- DCC-500, Applicant Child Care Staff Member Waiver Agreement and Statement; and
- DCC-501, Disclosures to Be Provided to and Signed by the Applicant Child Care Staff Member; and

(c) Log on to the NBCP portal and enter the prospective child care staff member's demographic information for a check of the:

- Child abuse and neglect central registry pursuant to 922 KAR 1:470;
- National Crime Information Center's National Sex Offender Registry in accordance with 34 U.S.C. 20921; and
- Sex Offender Registry established in accordance with KRS 17.500 through 17.580.

Findings:

General: Based on interview and review of documentation, it was determined this regulatory requirement was not met. Three (3) out of the four (4) staff currently working at the facility had not completed the current background check process as defined by regulation. One (1) staff member with a hire date of 07/12/2018, had completed the process. The staff in charge stated she had not completed the process and was not aware if the other employees had done so. The surveyor did find a Child Abuse and Neglect (CAN) and a Criminal Records Check had been completed for each employee.

15 - Submit fingerprints **Not In Compliance**

922 KAR 2:280. Section 4. Procedures and Payments.

(4)(a) Upon submission of payment in accordance with subsections (2) and (3) of this section, the child care provider shall print a copy of the DCC-504, Applicant Child Care Staff Member Live Scan Fingerprinting Form, from the NBCP portal and provide the form to the child care staff member.

(b) The child care staff member shall:

- Have no more than ninety (90) calendar days from the date of payment pursuant to subsections (2) and (3) of this section to submit the child care staff member's fingerprints at an authorized collection site for NBCP; and
- Present the DCC-504 and driver's license or other government-issued photo identification to the designated agent at an authorized collection site prior to fingerprint submission.

Findings:

General: Based on interview and review of documentation, it was determined this regulatory requirement was not met. Three (3) out of the four (4) staff members employed at the facility had not submitted fingerprints for a background check to be completed. Staff in charge was not aware that the process had been started and stated she had not submitted fingerprints for a check. The only staff member to complete the fingerprint process for background check was an employee with a hire date of 07/12/2018. This employee was listed as a substitute.

Inspection Report

Supervision
Staffing Requirements
General Administration

In Compliance
In Compliance
Not In Compliance

145 - Fire Marshal

Not In Compliance

922 KAR 2:090. Section 6. License Issuance.
(8) To qualify for a preliminary license, or maintain a regular license, a child-care center shall:
(b) Be approved by the Office of the State Fire Marshal or designee;

Findings:

General: Based on observation, interview and review of documentation, it was determined this regulatory requirement was not met. During a tour of the facility, the surveyor found the posted fire marshal report to be dated for 2017. The staff in charge did not present a current report. Staff in charge phoned the facility owner, who stated the inspection had been completed, but she had not received a report from the fire marshal's office.

Director Requirements

Not In Compliance

340 - Staff Meeting

Not In Compliance

922 KAR 2:090. Section 10. Director Requirements and Responsibilities.
(1) A director shall:
(i) Conduct, manage, and document in writing recurring staff meetings;

Findings:

General: Based on interview and review of documentation, it was determined this regulatory requirement was not met. The surveyor could not find evidence that staff meetings had taken place and had been documented by the director or staff in charge. The staff in charge was unable to locate documentation of meetings during the time the surveyor was at the facility.

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, it was determined that this regulatory requirement was not met. A staff member with a hire date of 07/12/2018, did not have evidence on file that an evaluation had been completed. The file presented for review did not contain any type of documentation the employee had received a written evaluation during her employment.

350 - Health, Safety, Comfort

Not In Compliance

922 KAR 2:090. Section 10. Director Requirements and Responsibilities.
(1) A director shall:
(l) Assure the health, safety, and comfort of each child;

Findings:

General: Based on observation, it was determined this regulatory requirement was not met. While the surveyor was completing paperwork, the staff in charge was observed to bring children in from the playground area and prepare for snack. The children were told they were going to sit at the lunch table. The surveyor observed the staff member to remove a garbage can from atop a blue plastic table and set it on the floor. The children were then told to sit at the table and were served snack. The surveyor did not observe the staff member to disinfect or wipe the table before allowing the children to sit or eat snack. The content of the garbage can was unknown, but the surveyor did note a bag was placed in the garbage can for use.

Employee Records

Not In Compliance

385 - Personnel File

Not In Compliance

922 KAR 2:090. Section 9. Records.
(1) A child-care center shall maintain:
(e) A current personnel file for each child-care center staff person to include:
1. Name, address, date of birth, and date of employment;
2. Proof of educational qualifications;
3. Record of annual performance evaluation;
4. Documentation of compliance with tuberculosis screening in accordance with Section 11(1)(b) of this administrative regulation; and
5. The results of background checks conducted in accordance with 922 KAR 2:280;

Findings:

General: Based on review of documentation, it was determined this regulatory requirement was not met. An employee with a hire date of 07/12/2018, did not have an annual performance evaluation documented in the file presented for review. The evaluation was not in the file and could not be located by the staff in charge.

Inspection Report

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, it was determined this regulatory requirement was not met. A staff member with a hire date of 04/13/2016, did not have evidence of having completed fifteen (15) hours of mandatory training as defined by regulation. The staff member had evidence of completing fourteen (14) hours of annual training in the file presented for review. A check of ECE-TRIS supports the finding.

Programming

In Compliance

Premises

Not In Compliance

580 - 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, it was determined this regulatory requirement was not met. During a tour of the main area, the surveyor observed several ceiling tiles throughout the area to be sagging, bulging, and to contain brown stains or spots. The tiles were in need of replacement and were pointed out to the staff in charge at the time of the survey.

Hygienic Practices

Not In Compliance

660 - Staff Hygiene/Handwashing

Not In Compliance

922 KAR 2:120. Section 3. General Requirements.
(5) Staff shall:
(a) Maintain personal cleanliness;
(b) Conform to hygienic practices while on duty;
(c) Except as established in paragraph (d) of this subsection, wash their hands with liquid soap and running water:
1. Upon arrival at the center;
2. After toileting or assisting a child in toileting;
3. Before and after diapering each child;
4. After wiping or blowing a child's or own nose;
5. After handling animals;
6. After caring for a sick child;
7. Before and after feeding a child or eating;
8. Before dispensing medication;
9. After smoking or vaping; and
10. If possible, before administering first aid; and
(d) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available in accordance with paragraph (c) of this subsection. The staff shall wash the staff's hands as soon as practicable once liquid soap and warm running water are available.

Findings:

General: Based on observation, it was determined this regulatory requirement was not met. During snack, the surveyor observed a staff member to remove a garbage can from atop a table that was to be used by the children to sit at while eating. The surveyor did not observe the staff member to wash her hands after removing the garbage can from the table and before serving snack to the children.

First Aid/Medication

In Compliance

Outdoor Play Area

In Compliance

Equipment

In Compliance

Transportation

Not Applicable

Food Service/Food Program

In Compliance

Inspection Report

Food Service

Not In Compliance

1070 - Food Protected From Contamination

Not In Compliance

922 KAR 2:120. Section 9. Food and Meal Requirements.

(1) Food shall be:

(h) Protected against contamination from:

- 1. Dust;**
- 2. Flies;**
- 3. Rodents and other vermin;**
- 4. Unclean utensils and work surfaces;**
- 5. Unnecessary handling;**
- 6. Coughs and sneezes;**
- 7. Cuts in skin;**
- 8. Communicable disease;**
- 9. Flooding;**
- 10. Drainage; and**
- 11. Overhead leakage.**

Findings:

General: Based on observation, it was determined this regulatory requirement was not met. The surveyor observed children to be served snack on a table that had not been disinfected before use. A garbage can had been located on top of the table before use for an undetermined amount of time. The surveyor observed the children to put food on the table surface while eating.

Children's Records

In Compliance

Written Documentation

Not In Compliance

1175 - Earthquake/Tornado/Fire Drills

Not In Compliance

922 KAR 2:090. Section 9. Records.

(1) A child-care center shall maintain:

(h) A written record of quarterly practiced earthquake drills and tornado drills detailing the date, time, and children who participated in accordance with 922 KAR 2:120, Section 3;

(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, it was determined this regulatory requirement was not met. The surveyor could not find evidence of earthquake/tornado drills being completed for the months between April and June as required by regulation. The surveyor noted drills had been completed for the months of January to March, but a drill had not been conducted since that time frame.

Posted Documentation

In Compliance

Animals

Not Applicable

Signature of
Provider/Representative

Title

Date