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Inspection Report

Provider Name: Lexington Christian Academy	Provider Information	CLR No: L383566
Provider Address: 3100 Tates Creek Rd., Lexington, KY, 40502	Provider Type: LICENSED TYPE I	Capacity: 225
Owner(s): Lexington Christian Academy, Inc.		Director(s): Wainscott, Leslie Tuney

Inspection Type: Renewal Application	Inspection Information	Inspection No: 291712
Date Initiated: 12/06/2019 8:35 AM	Date Concluded: 12/06/2019 11:30 AM	
	No. of Children Present: 69	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	In Compliance
Employee Records	Not In Compliance
395 - TB Verification	Not In Compliance

922 KAR 2:090. Section 11. 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, the following was found:

- 1) Three staff members did not have proof of a negative TB screening prior to employment at the facility. The dates of hire for these staff are: 01/14/2019, 05/17/2019, and 05/20/2019.
- 2) It was found that one staff did not have proof of a negative TB screening obtained within the last two years. The date of hire for this staff is 09/30/2017.

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, the following was found:

- 1) Nine staff members did not complete the required 15 hours of training within the last full relicensure year.
- 2) Two staff members did not complete orientation training within the required 90 day timeframe. The dates of hire for these staff are: 01/14/2019 and 05/17/2019.
- 3) One staff member has not completed orientation training and has been with the facility longer than 90 days. The date of hire for this staff member is 05/20/2019.

Programming	In Compliance
Premises	In Compliance
Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	Not In Compliance

820 - Indoor/Outdoor Equipment

Not In Compliance

922 KAR 2:120. Section 11. Toys and Furnishings.
(2) Indoor and outdoor equipment shall:
(a) Be clean, safe, and in good repair;
(b) Meet the physical, developmental needs, and interests of children of different age groups;
(c) Be free from sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, hazardous small parts, lead-based paint, poisonous material, and flaking or chalking paint; and
(d) Be designed to guard against entrapment or situations that may cause strangulation.

Findings:

General: During a tour of the outdoor playground used by the younger children, a part of the climbing structure was observed to be broken. A green plastic piece used to step upon a platform had broken. The broken area had been repaired with blue duct tape. Duct tape is not an acceptable method for repairing broken items.

Transportation	Not Applicable
Food Service/Food Program	Not In Compliance

990 - Snack Requirements

Not In Compliance

922 KAR 2:120. Section 9. Food and Meal Requirements.
(18) A snack shall include two (2) of the following:
(a) Milk;
(b) Protein;
(c) Bread; or
(d) 1. Fruit;
2. Vegetable; or
3. 100 percent juice.

Findings:

General: An interview with the staff person in charge found that parents provide an a.m. snack for their child. At the time of the survey the following snacks were observed:

- 1) Goldfish crackers and water
- 2) Animal crackers and graham crackers and a Capri Sun (not 100% juice)
- 3) Cheez-it crackers and Hi-C juice drink (not 100% juice)
- 4) Popcorn and Fritos corn chips
- 5) Cheez-it crackers and water
- 6) Teddy Grahams and water

Items were not supplemented for the snacks that did not have the required components.

Inspection Report

Food Service

Not In Compliance

1130 - Menu

Not In Compliance

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

(16) A weekly menu shall be:

- (a) Prepared;**
- (b) Dated;**
- (c) Posted in advance in a conspicuous place;**
- (d) Kept on file for thirty (30) days; and**
- (e) Amended in writing with any substitutions on the day the meal is served.**

Findings:

General: At the time of the survey, a snack menu for the school age children was not posted. An interview with staff found that the facility provides a p.m. snack for the school age children. Further interview with staff found that the preschool children who remain for extended care do not receive the same snack as the school age children. A p.m. snack menu was observed posted for the preschool children.

Children's Records

In Compliance

Written Documentation

Not In Compliance

1170 - Professional Development

Not In Compliance

922 KAR 2:090. Section 9. 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, the following was found:

- 1) One staff person had evidence of an annual professional development plan on file at the facility; however, it was not dated. Therefore, the surveyor could not determine when the professional development plan was completed. The date of hire for this staff is 08/08/2018.
- 2) Two staff members at the facility did not have evidence of an annual professional development plan on file at the facility. The date of hire for these staff are 09/30/2017 and 09/10/2018.

Posted Documentation

In Compliance

Animals

In Compliance

Signature of Provider/Representative

Title

Date