Andy Beshear

GOVERNOR



CABINET FOR HEALTH AND FAMILY SERVICES OFFICE OF INSPECTOR GENERAL

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Eric Friedlander SECRETARY

Adam Mather **INSPECTOR GENERAL**

Inspection Report **Provider Information** Provider Name: Hometown Kids-Danville Provider Type: LICENSED TYPE I CLR No: 1 384047 Provider Address: 845 East Main Street, Danville, KY, 40422, 2301 Capacity: 55 Owner(s): Hometown Kids, Inc. Director(s): Parks Steberl, Emma Kaelyn **Inspection Information** Inspection No: 321135 Inspection Type: Renewal Application Date Concluded: 04/27/2022 4:10 PM

Date Initiated: 04/27/2022 12:15 PM

No. of Children Present: 37

Inspection Report Background Checks Supervision **Staffing Requirements General Administration**

225 - Licensee Responsibility

922 KAR 2:090. Section 8. General.

(1) A licensee shall:

(a) Be responsible for the operation of the child-care center pursuant to this administrative regulation, 922 KAR 2:120, and 922 KAR 2:280; and (b) Protect and assure the health, safety, and comfort of each child.

Findings:

General: Based on review of documentation, the surveyor discovered the following:

1. One (1) bottle of liquid hand soap that indicated "keep out of reach of children" on the label was placed on the sink in the Three Year Old Classroom.

2. Four (4) bottles of liquid hand soap which indicated "keep out of reach of children" on the label were placed on the sinks in the two (2) restrooms located in the hallway.

3. Two (2) electrical outlets were missing protective coverings in the Three Year Old Classroom.

Thus, creating a potential health and safety issue for the children.

Director Requirements

Not In Compliance

In Compliance

In Compliance

In Compliance

Not In Compliance Not In Compliance

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:

360 - Staff Evaluation

General: Based on review of documentation, the surveyor discovered that the personnel files presented for five (5) employees (DOH: 7/27/2020, 3/12/2020, 3/16/2021, 7/27/2020, 2/17/2020) did not contain written performance evaluations; therefore, the surveyor was unable to determine if the evaluations were completed annually. Staff-in-charge stated she doesn't think the written performance evaluations were completed.



Inspection Report

Employee Records

415 - CPR/First Aid Required Training

922 KAR 2:120. Section 7. First Aid and Medicine.

(8) Each center shall ensure that every staff member has received training on first aid and cardiopulmonary resuscitation (CPR).

Findings:

General: Based on review of documentation, the surveyor found that the personnel file for six (6) staff (DOH: 11/2/2021, 7/12/2021, 7/29/2021, 6/10/2021, 9/15/2021, 11/7/2021) did not contain documentation that staff had received training on first aid and cardiopulmonary resuscitation (CPR); therefore, the child-care center failed to ensure that every staff member had received training on first aid and cardiopulmonary resuscitation (CPR) as required.

435 - Training

Not In Compliance

Not In Compliance

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 completed within the first three (3) months of employment in a child-care program; (b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, 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 completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma

training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

Findings:

General: Based on review of documentation, the surveyor discovered the following:

1. The personnel files of five (5) staff (DOH: 7/12/2021, 7/29/2021, 7/27/2020, 9/15/2021, 11/7/2021), did not contain verification that the staff completed six (6) hours of cabinetapproved orientation training. Upon review of ECE-TRIS, the surveyor discovered that no date was entered indicating that the staff had completed the six (6) hours of cabinetapproved orientation training.

2. The personnel file of a staff (DOH: 7/27/020), did not contain verification that the staff had completed fifteen (15) hours of cabinet-approved early care and education training. Upon review of ECE-TRIS, for the timeframe of 7/1/20 thru 6/30/21, the surveyor discovered that the staff completed zero (0) of the required fifteen (15) hours of cabinet-approved early care and education training.

	Programming	In Compliance
	Premises	Not In Compliance
85 - Premises Requirements		Not In Complianc
922 KAR 2:120. Section 4. Premises Requiremen (1) The premises shall be: (a) Suitable for the purpose intended; (b) Kept clean and in good repair;	its.	
Findings:		
	the light in the Three Year Old Classroom's restroom was not in working co a landlord just recently came to the building to check everything and it was we	
25 - Floors, Walls, Ceilings		Not In Compliance
	nts. In good repair, and constructed to be easily cleaned.	
Findings:	two (2) aciling tiles with discolored water enote in the restrant leasted off fr	
General: based on observation, the surveyor discovered	two (2) ceiling tiles with discolored water spots in the restroom located off fr	on the naliway, therefore, the celling was kept

General: Based on observation, the surveyor discovered two (2) ceiling tiles with discolored water spots in the restroom located off from the hallway; therefore, the ceiling was kept in good repair.

Transportation	Not Applicable
Equipment	In Compliance
Outdoor Play Area	In Compliance
First Aid/Medication	In Compliance
Hygienic Practices	In Compliance

Inspection Report

Kitchen Requirements

1025 - Kitchen Clean/Ventilated

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

(1) The kitchen shall:

(a) Be clean;

(b) Be equipped for proper food:

- 1. Preservation;
- 2. Storage;

3. Preparation; and

4. Service;

(c) Be adequately ventilated to the outside air; and

(d) Except in a Type II child-care center when a meal is not being prepared, not be used for the activity of a child.

Findings:

General: Based on observation, the surveyor discovered a purple substance spilled in the black refrigerator's freezer; therefore, the refrigerator's freezer was not kept clean.

1045 - 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: At refrigerator temperatures; Under cool, potable running water; As part of the cooking process; or By another method in accordance with the Department for Public Health's food safety standar 	
Findings:	
General: Based on observation, the surveyor discovered the thermometer in the white refrigerator's freezer indicated a the frozen food was not kept at a temperature of zero (0) degrees Fahrenheit or below as required.	temperature of nineteen (19) degrees Fahrenheit; therefore,
Food Service	In Compliance
Meal Planning/Center Provides Meals	In Compliance
Meal Planning/Center Does Not Provide Meals	In Compliance
Children's Records	Not In Compliance
1245 - Immunization	Not In Compliance
 922 KAR 2:090. Section 9. Records. (1) A child-care center shall maintain: (a) A current immunization certificate for each child in care within thirty (30) days of the child's e child's parent objects to the immunization of the child pursuant to KRS 214.036; 	enrollment, unless an attending physician or the
Findings:	
General: Based on review of documentation, the surveyor found the following:	
1. A child's (DOE: 1/5/2022) immunization certificate was no longer current as of 3/22/2022.	
2. A child's (DOE: 11/15/2021) immunization certificate was no longer current as of 3/16/2022.	
3. A child's (DOE: 11/22/2021) immunization certificate was no longer current as of 3/15/2022.	

Therefore, the child-care center failed to maintain a current immunization certificate for the children.



Not In Compliance

Not In Compliance

Inspection Report

1250 - Enrollment Information	Not In Compliance
 922 KAR 2:090. Section 9. Records. (1) A child-care center shall maintain: (b) A written record for each child: Completed and signed by the child's parent; Retained on file on the first day the child attends the child-care center; and To contain: Identifying information about the child, which includes, at a minimum, the child's name, address, and date of birth; Contact information to enable a person in charge to contact the child's: Parent at the parent's home or place of employment; Family physician; and Family physician; and Preferred hospital; The name of each person who is designated in writing to pick-up the child; The child's general health status and medical history including, if applicable: Restriction on the child's participation in activities with specific instructions from the child's parent or health professional services in the child-care center; The name and phone number of each person to be contacted in an emergency involving or impacting the child; 	; and
Findings:	
General: Based on review of documentation, the surveyor found that a child's (DOE: 11/22/2021) file did not contain the name or telephone number for the cl therefore, the child-care center failed to maintain child's records	nild's physician;
Written Documentation	Not In Compliance
1280 - Professional Development	Not In Compliance

1280 - Professional Development

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 surveyor discovered that the personnel files presented for five (5) staff (DOH: 7/27/2020, 3/12/2020, 3/16/2021, 7/27/2020, 2/17/2020) did not contain written annual professional development plans; therefore, the surveyor was unable to determine if the professional development plans were completed annually. Staff-in-charge stated the professional development plans were not completed.

Posted Documentation	In Compliance
Animals	In Compliance

