



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

**Melissa A. Moore, Director**  
**Division of Regulated Child Care**  
Southern Branch  
116 Commerce Ave  
London, KY 40744

Phone: (606) 330-2030 Fax: (606) 330-2056  
<https://chfs.ky.gov/agencies/os/oig>

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|   |  |  |
|---|--|--|
| <b>Provider Name:</b> Grow & Learn Child Development<br>Center of Berea, Inc. | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L357698                   |
| <b>Provider Address:</b> 183 & 185 Glades Road, Berea, KY, 40403              |  | <b>Capacity:</b> 84                      |
| <b>Owner(s):</b> Grow and Learn Child Development Center of Berea, Inc.       |  | <b>Director(s):</b> Anglin, Regina Carol |

|   |   |                              |
|---|---|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>             | <b>Inspection No:</b> 278033 |
| <b>Date Initiated:</b> 05/16/2019 11:30 AM  | <b>Date Concluded:</b> 05/16/2019 3:30 PM |                              |
|   | <b>No. of Children Present:</b> 61        |                              |

| Inspection Report   |                          |
|---|--------------------------|
| <b>Background Checks</b>  | <b>In Compliance</b>     |
| <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>350 - Health, Safety, Comfort</b>  | <b>Not In Compliance</b> |
| <b>922 KAR 2:090. Section 10. Director Requirements and Responsibilities.</b><br><b>(1) A director shall:</b><br><b>(l) Assure the health, safety, and comfort of each child;</b>   |                          |
| <b>Findings:</b><br>Based on observation of a restroom located in the back hallway of the child care facility, a used plunger was placed on the floor beside the toilet; therefore, contaminated bathroom tools were accessible to children which presents a health and safety issue.   |                          |
| <b>Employee Records</b>   | <b>Not In Compliance</b> |
| <b>390 - Educational Requirements</b>   | <b>Not In Compliance</b> |
| <b>922 KAR 2:090. Section 11. Staff Requirements.</b><br><b>(1) Child-care center staff:</b><br><b>(a) Hired after January 1, 2009, who have supervisory power over a minor and are not enrolled in secondary education, shall have a:</b><br><b>1. High school diploma;</b><br><b>2. GED or qualifying documentation from a comparable educational entity; or</b><br><b>3. Commonwealth Child Care Credential as described in 922 KAR 2:250;</b>   |                          |
| <b>Findings:</b><br>General: Based on review of documentation, the files presented to the surveyor found:<br>1. An employee (DOH: 03/26/19) record presented for review did not contain evidence of educational qualification.<br>2. An employee (DOH: 03/12/19) record presented for review did not contain evidence of educational qualification.<br>During interview, the director stated that she was unaware the information was not in the file and it would be obtained as soon as possible. |                          |

# Inspection Report

## 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 files presented to the surveyor found:

1. A staff (DOH: 06/24/16) file contained copies of tuberculin skin test results that were no longer current as of 06/25/2016.
2. A staff (DOH: 04/24/18) file contained copies of tuberculin skin test results that were no longer current as of 02/27/17.

## 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 presented for review and ECE-Tris, the surveyor found the following:

1. The surveyor found that two (2) staff (DOH: 02/17/16 and 10/27/16) had obtained only nine (9) hours of cabinet-approved early care and education annual training.
2. The surveyor found that one (1) staff (DOH: 10/27/16) had obtained only five (5) of cabinet-approved early care and education annual training.
3. The surveyor found that one (1) staff (DOH: 11/20/17) had obtained only thirteen (13) of cabinet-approved early care and education annual training.

Programming

In Compliance

Premises

Not In Compliance

## 540 - 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:

Based on observation during a tour of the center, the surveyor found:

1. A light fixture cover in the hallway had dark stains. During interview, the director stated that the fixture cover will be replaced.
2. A heavy layer of dust covered the exhaust fan in a restroom the children use. During interview, the director stated the fan would be cleaned.

## 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:

Based on observation during a tour of the center, the surveyor found that the ceiling in the hallway had dark circular stains.

Hygienic Practices

In Compliance

First Aid/Medication

In Compliance

Outdoor Play Area

In Compliance

Equipment

In Compliance

Transportation

In Compliance

Food Service/Food Program

In Compliance

Food Service

In Compliance

Children's Records

In Compliance

| Inspection Report   |  |                   |
|---|--|-------------------|
| Written Documentation   |  | Not In Compliance |
| 1150 - Evacuation Plan  |  | Not In Compliance |
| <div>922 KAR 2:090. Section 5. Evacuation Plan.<br/>(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 and 42 U.S.C. 9858c(c)(2)(U).</div>   |  |                   |
| <b>Findings:</b><br>General: Based on review of documentation, the surveyor found that the Emergency Preparedness Plan was not dated; therefore, the surveyor was unable to verify that it had been reviewed or revised within the past year. During interview, the director stated she wasn't aware the date would need to be updated yearly if no changes; however, the plan would be updated annually. |  |                   |
| 1195 - Fire Drills  |  | Not In Compliance |
| <div>922 KAR 2:120. Section 3. General Requirements.<br/>(12) A fire drill shall be:<br/>(a) Conducted during hours of operation at least monthly; and<br/>(b) Documented.<br/>(13) An earthquake drill and a tornado drill shall be:<br/>(a) Conducted during hours of operation at least quarterly; and<br/>(b) Documented.</div>   |  |                   |
| <b>Findings:</b><br>Based on documentation, the files presented to the surveyor did not have documentation to show that fire drills had been conducted for the months of February through April 2019.   |  |                   |
| Posted Documentation  |  | In Compliance     |
| Animals   |  | In Compliance     |