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Inspection Report

Provider Name: Community Head Start	Provider Information	CLR No: L358308
Provider Address: 135 Memorial Drive, Hazard, KY, 41701	Provider Type: LICENSED TYPE I	Capacity: 48
Owner(s): Leslie, Knott, Letcher, Pery Counties Head Start Program, Incorporated		Director(s): Sexton, Hazel Renee

Inspection Type: Renewal Application	Inspection Information	Inspection No: 293294
Date Initiated: 03/17/2021 11:55 AM	Date Concluded: 03/17/2021 3:00 PM	
	No. of Children Present:	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	Not In Compliance

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, the surveyor found the following:

1. A staff's (DOH: 08/16/99) file contained an annual written performance evaluation dated for 04/24/19; therefore, the evaluation was not completed annually.
2. A staff's (DOH: 11/01/13) file contained an annual written performance evaluation dated for 04/24/19; therefore, the evaluation was not completed annually.
3. A staff's (DOH: 08/25/17) file contained an annual written performance evaluation dated for 05/03/18; therefore, the evaluation was not completed annually.
4. A staff's (DOH: 08/07/13) file contained an annual written performance evaluation dated for 05/09/18; therefore, the evaluation was not completed annually.
5. A staff's (DOH: 01/05/15) file contained an annual written performance evaluation dated for 05/22/18; therefore, the evaluation was not completed annually.
6. A staff's (DOH: 08/16/08) file contained an annual written performance evaluation dated for 05/09/19; therefore, the evaluation was not completed annually.
7. A staff's (DOH: 03/18/19) file did not contain an annual written performance evaluation; therefore, the evaluation was not completed annually.

Through interview with staff-in-charge, the surveyor learned that up-to-date annual written performance evaluations were not available for review for the staff mentioned.

Inspection Report

Employee Records

Not In Compliance

390 - Educational Requirements

Not In Compliance

922 KAR 2:090. Section 11. Staff Requirements.

(1) Child-care center staff:

(a) Hired after January 1, 2009, who have supervisory power over a minor and are not enrolled in secondary education, shall have a:

- 1. High school diploma;**
- 2. GED or qualifying documentation from a comparable educational entity; or**
- 3. Commonwealth Child Care Credential as described in 922 KAR 2:250;**

Findings:

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

- 1. A staff's (DOH: 08/22/96) file did not contain verification of a High School Diploma, GED or Commonwealth Child Care Credential.
- 2. A staff's (DOH: 01/05/15) file did not contain verification of a High School Diploma, GED or Commonwealth Child Care Credential.
- 3. A staff's (DOH: 03/18/19) file did not contain verification of a High School Diploma, GED or Commonwealth Child Care Credential.

Through interview with staff-in-charge, the surveyor learned that the educational verification was not available for review for the staff mentioned.

Programming

In Compliance

Premises

In Compliance

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

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 surveyor found the following:

- 1. A staff's (DOH: 08/16/99) file contained a professional development plan dated for 04/24/19; therefore, the plan was not completed annually.
- 2. A staff's (DOH: 11/01/13) file contained a professional development plan dated for 04/24/19; therefore, the plan was not completed annually.
- 3. A staff's (DOH: 08/25/17) file contained a professional development plan dated for 05/03/18; therefore, the plan was not completed annually.
- 4. A staff's (DOH: 08/07/13) file contained a professional development plan dated for 05/09/18; therefore, the plan was not completed annually.
- 5. A staff's (DOH: 01/05/15) file contained a professional development plan dated for 05/14/18; therefore, the plan was not completed annually.
- 6. A staff's (DOH: 08/16/08) file contained a professional development plan dated for 05/09/19; therefore, the plan was not completed annually.
- 7. A staff's (DOH: 03/18/19) file did not contain a professional development plan; therefore, the plan was not completed annually.

Through interview with staff-in-charge, the surveyor learned that up-to-date professional development plans were not available for review for the staff mentioned.

Posted Documentation

In Compliance

Animals

In Compliance

Emergency Regulation

In Compliance

Signature of Provider/Representative

Title

Date