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**Inspection Report**

<b>Provider Name:</b> Owsley County Early Head Start/ Head Start	<b>Provider Information</b> <b>Provider Type:</b> LICENSED TYPE I	<b>CLR No:</b> L354877
<b>Provider Address:</b> 122 Baker Lane, Booneville, KY, 41314		<b>Capacity:</b> 173
<b>Owner(s):</b> Owsley County Board Of Education		<b>Director(s):</b> Chandler, Pamela Lee

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 305053
<b>Date Initiated:</b> 03/11/2021 9:20 AM	<b>Date Concluded:</b> 03/11/2021 1:00 PM	
	<b>No. of Children Present:</b> 42	

<b>Inspection Report</b>	
<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>

**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. There were six (6) staff (DOH: 04/26/05, 09/25/17, 09/01/11, 09/12/95, 04/12/13 and 05/18/17) files that contained an annual written performance evaluation dated for 05/13/19; therefore, the staff evaluations were not completed annually.
2. There were four (4) staff (DOH: 09/20/90, 05/01/16, 01/11/19 and 08/10/18) files that contained an annual written performance evaluation dated for 05/05/19; therefore, the staff evaluations were not completed annually.
3. There were three (3) staff (DOH: 09/01/11, 08/23/99, and 08/11/15) files that contained an annual written performance evaluation dated for 04/26/19; therefore, the staff evaluations were not completed annually.
4. There were four (4) staff (DOH: 09/24/97, 08/12/91, 06/01/79 and 10/05/16) files that contained an annual written performance evaluation dated for 05/03/19; therefore, the staff evaluations were not completed annually.
5. There were three (3) staff (DOH: 01/10/95, 08/12/91, and 04/12/13) files that contained an annual written performance evaluation dated for 04/29/19; therefore, the staff evaluations were not completed annually.
6. There were six (6) staff (DOH: 04/26/05, 11/12/96, 01/01/05, 01/02/19, 01/02/19 and 07/12/16) files that contained an annual written performance evaluation dated for 04/30/19; therefore, the staff evaluations were not completed annually.
7. There were two (2) staff (DOH: 01/10/77 and 08/01/83) files that contained an annual written performance evaluation dated for 05/08/19; therefore, the staff evaluations were not completed annually.
8. There was one (1) staff (DOH: 08/23/99) file that contained an annual written performance evaluation dated for 05/04/19; therefore, the staff evaluation was not completed annually.
9. There was one (1) staff (DOH: 12/28/18) file that contained an annual written performance evaluation dated for 05/06/19; therefore, the staff evaluation was not completed annually.
10. There were three (3) staff (DOH: 04/14/15, 12/28/18 and 01/02/17) files that contained an annual written performance evaluation dated for 05/21/19; therefore, the staff evaluations were not completed annually.
11. There were three (3) staff (DOH: 08/10/17, 05/10/11 and 09/10/18) files that did not contain an annual written performance evaluation; therefore, the staff evaluations were 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.

**Employee Records**

**In Compliance**

**Programming**

**In Compliance**

**Premises**

**Not In Compliance**

**520 - Inaccessible Items**

**Not In Compliance**

**922 KAR 2:120. Section 3. General Requirements.**

**(7) The following shall be inaccessible to a child in care:**

- (a) Toxic cleaning supplies, poisons, and insecticides;**  
**(b) Matches, cigarettes, lighters, and flammable liquids; and**  
**(c) Personal belongings and medications of staff.**

**Findings:**

General: Based on observation, the surveyor found the following:

1. A Swiffer and broom were located in the restroom of Early Head Start Classroom 109.
2. A Swiffer and broom were located in the restroom of Early Head Start Classroom 110.
3. An umbrella was beside the sink and a toilet brush was beside the toilet in the restroom located in Early Head Start Classroom 111.

The items were accessible and within reach of the children.

**Inspection Report**

**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:**

General: Based on observation, the surveyor found the following:

1. A welcome doormat at the door of Early Head Start Classroom 109 contained debris; therefore, the rug was not kept clean.
2. A welcome doormat at the door of Early Head Start Classroom 110 contained stains and debris; therefore, the rug was not kept clean.

**Hygienic Practices**

**Not In Compliance**

**685 - Diaper Changing Area/Surface**

**Not In Compliance**

**922 KAR 2:120. Section 10. Toilet, Diapering, and Toiletry Requirements.**

- (10) When a child is diapered, the child shall:**
  - (b) Be placed on a surface that is:**

- 1. Clean;**
- 2. Padded;**
- 3. Free of holes, rips, tears, or other damage;**
- 4. Nonabsorbent;**
- 5. Easily cleaned; and**
- 6. Free of any items not used for diaper changing.**

**Findings:**

General: Based on observation, the surveyor found the following:

1. Debris was on the diaper changing table underneath the diaper changing pad in Early Head Start Classroom 109; therefore, the diaper changing surface was not kept clean.
2. Debris was on the diaper changing table underneath the diaper changing pad in Early Head Start Classroom 110; therefore, the diaper changing surface was not kept clean.
3. Debris was on the diaper changing table underneath the diaper changing pad in Early Head Start Classroom 111; therefore, the diaper changing surface was not kept clean.
4. Debris was on the diaper changing table underneath the diaper changing pad in the girls' restroom; therefore, the diaper changing surface was not kept clean.
5. Debris was on the diaper changing table underneath the diaper changing pad in the boys' restroom; therefore, the diaper changing surface was not kept clean.

**First Aid/Medication**

**In Compliance**

**Outdoor Play Area**

**In Compliance**

**Equipment**

**Not In Compliance**

**815 - Toys/Furniture**

**Not In Compliance**

**922 KAR 2:120. Section 11. Toys and Furnishings.**

- (1) All toys and furniture contacted by a child shall be:**
  - (a) Kept clean and in good repair; and**
  - (b) Free of peeling, flaking, or chalking paint.**

**Findings:**

General: Based on observation, the surveyor found the following:

1. A slide with blue carpet on the steps contained stains and debris in Early Head Start Classroom 109; therefore, the slide was not kept in clean condition.
2. A play house cube that had a blue mat laying inside it contained debris in Early Head Start Classroom 109; therefore, the mat was not kept clean.
3. A slide with blue carpet on the steps contained debris in Early Head Start Classroom 110; therefore, the slide was not kept in clean condition.

**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**

**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. There was one (1) staff (DOH: 06/01/79) file that contained a professional development plan dated for 07/21/19; therefore, the staff plan was not completed annually.
2. There was one (1) staff (DOH: 10/05/16) file that contained a professional development plan dated for 07/31/19; therefore, the staff plan was not completed annually.
3. There were two (2) staff (DOH: 12/28/18 and 01/10/77) files that contained a professional development plan that was not dated; therefore, it could not be determined if the staff plans were completed annually.
4. There were two (2) staff (DOH: 08/10/17 and 05/10/11) files that did not contain a professional development plan; therefore, the staff plans were not completed annually.
5. There were thirty (30) staff (DOH: 05/01/16, 05/18/17, 09/12/95, 08/01/83, 08/12/91, 04/12/13, 01/10/95, 09/01/11, 08/23/99, 08/11/15, 08/23/99, 09/01/11, 07/12/16, 09/25/17, 04/26/05, 01/01/05, 04/26/05, 08/12/91, 04/12/13, 11/12/96, 08/10/18, 09/24/97, 01/11/19, 04/14/15, 12/28/18, 01/02/19, 01/02/17, 09/02/19, 09/20/90, 09/10/18) files that contained a professional development plan dated for 07/30/19; therefore, the staff plans were not completed annually.

Through interview with staff-in-charge, the surveyor learned that up-to-date annual 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