



Andy Beshear
GOVERNOR

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

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SECRETARY

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Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Easter Seals Child Development Center	Provider Information Provider Type: LICENSED TYPE I	CLR No: L356054
Provider Address: 801 North 29th Street, Paducah, KY, 42001		Capacity: 180
Owner(s): Easter Seals West Kentucky, Inc.		Director(s): Dover, Kristie Gale; Thomasson, Sarah Ashley

Inspection Type: Investigation	Inspection Information	Inspection No: 247355
Date Initiated: 10/23/2018 10:00 AM	Date Concluded: 10/23/2018 10:00 AM	
	No. of Children Present: 92	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
Director Requirements	Not In Compliance
350 - Health, Safety, Comfort	Not In Compliance
922 KAR 2:090. Section 10. Director Requirements and Responsibilities. (1) A director shall: (l) Assure the health, safety, and comfort of each child;	
Findings: General: Based on Interview, a seven-year old boy hung from a Lifetime Basketball Goal, the goal fell on top of the child and cut his forehead on 10/12/18. The child required medical treatment and received two (2) stitches. Based on observation, the goal had a warning label which indicated, "Failure to follow these warnings may result in serious injury and/or property damage. Owners must ensure that all players know and follow these rules for safe operation of the system. Do not hang from the rim. During play, especially when performing dunk type activities, keep player's face away from the backboard, rim, and net. Serious injury could occur if teeth/face come in contact with the backboard, rim, or net. Player should wear a mouth guard during play. Do not slide, climb, or play on base or pole." Further interview determined the goal was filled with water. However, the manufacturer's safety specifications had a warning in the owner's manual which stated, "For safety reasons, we recommend that sand be used instead of water to fill the base."	
Equipment	In Compliance

Signature of Provider/Representative

Title

Date