



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: Trib Ball "Free to Learn" Daycare	Provider Information	CLR No: L352579
Provider Address: 801 West 5th Street, Owensboro, KY, 42301	Provider Type: LICENSED TYPE I	Capacity: 175
Owner(s): H. L. Neblett Community Center, Inc.		Director(s): Hampton, Carltez Cornell

Inspection Type: Investigation	Inspection Information	Inspection No: 218809
Date Initiated: 02/13/2017 12:10 PM	Date Concluded: 02/13/2017 1:30 PM	
	No. of Children Present: 60	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
Programming	Not In Compliance
420 - Infant Sleep Position	Not In Compliance
922 KAR 2:120. Section 6. Sleeping and Napping Requirements. (1) An infant shall sleep or nap on the infant's back unless the infant's health professional signs a waiver that states the infant requires an alternate sleeping position.	
Findings: General: Based on Observation and interview, two (2) infants were asleep in a bouncy in the infants' room for twenty (20) minutes.	
Hygienic Practices	Not In Compliance
595 - Child Personal Care/Handwashing	Not In Compliance
922 KAR 2:120. Section 3. General Requirements. (4) A child shall: (a) Be helped with personal care and cleanliness based upon their developmental skills; and (b) Wash his or her hands with liquid soap and warm running water: 1. a. Upon arrival at the center; or b. Within thirty (30) minutes of arrival for school-age children; 2. Before and after eating or handling food; 3. After toileting or diaper change; 4. After handling animals; 5. After wiping or blowing nose; 6. After touching items soiled with body fluids or wastes; and 7. After outdoor or indoor play time.	
Findings: General: Based on Observation, a child had a facial tissue, wiped her nose and then used the same facial tissue to wipe another child's nose. This child failed to wash her hands after wiping her nose and another child's nose.	

Signature of Provider/Representative

Title

Date