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Inspection Report

Provider Name: Our Lady of the Mountains Preschool	Provider Information	CLR No: L354145
Provider Address: 405 Third Street, Paintsville, KY, 41240	Provider Type: LICENSED TYPE I	Capacity: 64
Owner(s): Catholic Diocese Of Lexington		Director(s): Andrews, Lorna M

Inspection Type: Renewal Application	Inspection Information	Inspection No: 242656
Date Initiated: 12/05/2017 11:05 AM	Date Concluded: 12/05/2017 1:05 PM	
	No. of Children Present: 18	

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

260 - Staff Evaluation **Not In Compliance**

922 KAR 2:110. Section 4. Director Requirements and Responsibilities.
(1) Effective with the adoption of this administrative regulation, 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 and interview, the following were found:

1. A staff file (DOH: 8/18/11) did not contain an annual evaluation.
2. A staff file (DOH: 8/1/16) did not contain an annual evaluation.
3. A staff file (DOH: 8/11/16) did not contain an annual evaluation.
4. A staff file (DOH: 8/11/16) did not contain an annual evaluation.
5. A staff file (DOH: 9/6/16) did not contain an annual evaluation.

Upon interview, the Director was aware that staff evaluations were not in the file.

265 - Health, Safety, Comfort **Not In Compliance**

922 KAR 2:110. Section 4. Director Requirements and Responsibilities.
(1) Effective with the adoption of this administrative regulation, a director shall:
(l) Provide for the health, safety, and comfort of each child;

Findings:

General: Based on observation and interview, the surveyor found that there were three (3) unprotected electrical outlets located behind the changing area in Toddler One Classroom. Staff reported that they had recently utilized the outlets and not replaced the protective covers.

300 - Background checks/left alone

Not In Compliance

922 KAR 2:090. Section 6. License Issuance.

(5) An individual described in subsection (4) of this section shall:

(a) Submit to background checks described in paragraph (b) of this subsection;

(b) May be employed or work with a child on a probationary basis for up to ninety (90) calendar days, pending completion of a:

- 1. Child abuse or neglect check using the central registry in accordance with 922 KAR 1:470;**
- 2. Criminal records check required by KRS 199.896(19);**
- 3. Criminal records check for any previous state of residence if the person resided outside the state of Kentucky in the last five (5) years; and**
- 4. An address check of the Sex Offender Registry; and**

(c) Not be left alone in the presence of a child until copies of the background checks in accordance with paragraph (b) of this subsection have been received by the licensee.

Findings:

General: Based on review of documentation and interview, the surveyor found that a staff file (DOH: 10/20/17) did not contain an out of state criminal record check for a state that the staff member had previously resided in within the past five (5) years. The file did not contain documentation of the out of state criminal record check being submitted. Upon interview, the Director stated that she did not keep a copy of the out of state criminal record check but had given it to the staff member to submit. The Director explained that the staff member has not yet worked at the center or with the children as they are waiting on the results of the out of state criminal record check.

340 - Training

Not In Compliance

922 KAR 2:110. Section 5. Staff Requirements.

(14) 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 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 pediatric abusive head trauma training completed once every five (5) years.

Findings:

General: Based on review of documentation, review of ECE-TRIS, and interview, the following was found:

1. A staff file (DOH:8/15/02) presented for review contained documentation of only completing eight (8) hours of annual training from 8/15/16 - 8/14/17. Review of ECE-TRIS, confirmed that only eight (8) hours of annual training had been completed.
2. A staff file (DOH: 8/18/11) presented for review contained documentation of only completing eleven (11) hours of annual training from 8/18/16 - 8/17/17. Review of ECE-TRIS, confirmed that only eleven (11) hours of annual training had been completed.
3. A staff file (DOH: 8/11/16) presented for review contained documentation of only completing six and a half (6.5) hours of annual training from 8/11/16 - 8/10/17. Review of ECE-TRIS, confirmed that only six and a half (6.5) hours of annual training had been completed.
4. A staff file (DOH:8/11/16) presented for review contained documentation of only completing six (6) hours of annual training from 8/11/16 - 8/10/17. Review of ECE-TRIS, confirmed that only six (6) hours of annual training had been completed.
5. A staff file (DOH: 9/6/16) presented for review contained documentation of only completing twelve (12) hours of annual training from 9/6/16 - 9/5/17. Review of ECE-TRIS, documented that only three (3) hours of annual training had been completed.
6. A staff file (DOH: 8/18/11) contained documentation of completed Pediatric Abusive Head Trauma (PAHT) on 8/16/12. Review of ECE-TRIS, revealed that PAHT was completed on 8/16/12; therefore, PAHT has not been completed every five (5) years as required.
7. A staff file (DOH: 8/11/16) did not contain documentation of having completed Pediatric Abusive Head Trauma (PAHT) training. Review of ECE-TRIS, revealed that PAHT had not been completed.
8. A staff file (DOH: 8/11/16) did not contain documentation of having completed Pediatric Abusive Head Trauma (PAHT) training. Review of ECE-TRIS, revealed that PAHT had not been completed.
9. A staff file (DOH: 9/6/16) did not contain documentation of having completed Pediatric Abusive Head Trauma (PAHT) training. Review of ECE-TRIS, revealed that PAHT had not been completed.

The Director stated that she was aware of the discrepancies in regards to training.

Programming

In Compliance

Premises

Not In Compliance

460 - Inaccessible Items

Not In Compliance

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

(7) Except in accordance with subsection (8) of this section, the following shall be inaccessible to a child in care:

- (a) Toxic cleaning supplies, poisons, and insecticides;**
- (b) Knives and sharp objects;**
- (c) Matches, cigarettes, lighters, and flammable liquids;**
- (d) Plastic bags;**
- (e) Litter and rubbish;**
- (f) Bar soap; and**
- (g) Personal belongings and medications of staff.**

Findings:

General: Based on observation and interview, the surveyor observed a pair of adult non-safety scissors on the mantle of the faux fireplace in the Toddler Two Classroom which would be accessible to the children. Upon interview, staff stated that she had been using the scissors and did not think that the children could reach them.

Inspection Report

480 - 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 and interview, the surveyor found the following:

1. The white rug located in the Toddler Two Classroom was badly stained and soiled. Staff stated the the rugs are cleaned multiple times through out the year.
2. The front of the cabinets under the sink in the Pre-school Classroom were soiled.
3. The front of the cabinets in the Toddler Two Classroom were soiled.

Upon interview, staff reported that the cabinets are wiped down daily with a bleach solution.

Hygienic Practices

Not In Compliance

625 - 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 and interview, the surveyor found that the diaper changing pad located in the Toddler One Classroom contained multiple tears in the vinyl covering, thus preventing it from being adequately sanitized. The Director reported that the teacher had just requested that a new diaper changing mat be ordered.

First Aid/Medication

In Compliance

Outdoor Play Area

In Compliance

Equipment

In Compliance

Transportation

Not Applicable

Food Service

Not In Compliance

935 - Refrigerator

Not In Compliance

922 KAR 2:120. Section 8. Kitchen Requirements.

(4) A cold-storage facility used for storage of perishable food in a nonfrozen state shall:

- (a) Have an indicating thermometer or other appropriate temperature measuring device;
- (b) Be in a safe environment for preservation; and
- (c) Be forty (40) degrees Fahrenheit or below.

Findings:

General: Based on observation and interview, the surveyor found that the mini refrigerator located in the Toddler One Classroom did not have a thermometer. Upon interview, the Director thought that a thermometer had been ordered; however, staff stated they had not requested a thermometer.

940 - Frozen Food

Not In Compliance

922 KAR 2:120. Section 8. Kitchen Requirements.

(5) Frozen food shall be:

- (a) Kept at a temperature of zero degrees Fahrenheit or below; and
- (b) Thawed:
 1. At refrigerator temperatures;
 2. Under cool, potable running water;
 3. As part of the cooking process; or
 4. By another method in accordance with the Department of Public Health's food safety standards and permits, established in KRS Chapter 217.

Findings:

General: Based on observation and interview, the surveyor found that the thermometer in the freezer located in the Pre-school Classroom was reading at twelve (12) degrees Fahrenheit rather than the required zero (0) degrees Fahrenheit or less. Upon interview, the Director was not aware that the freezer was not maintained at the required temperature.

1070 - Immunization

Not In Compliance

922 KAR 2:110. Section 3. Records.

(1) A child-care center shall maintain:

- (a) A current immunization certificate for each child in care within thirty (30) days of the child's enrollment, unless an attending physician or the child's parent objects to the immunization of the child pursuant to KRS 214.036;**

Findings:

General: Based on review of documentation and interview, the surveyor found that a child's file (DOE: 4/20/17) did not contain a current immunization record as the immunizations were due to be updated by 12/2/17. Upon interview, the Director was not aware that the immunizations were not up-to-date.

1075 - Enrollment Information

Not In Compliance

922 KAR 2:110. Section 3. Records.

(1) A child-care center shall maintain:

- (b) A written record for each child:**
 - 1. Completed and signed by the child's parent;**
 - 2. Retained on file on the first day the child attends the child-care center; and**
 - 3. To contain:**
 - a. Identifying information about the child, which includes, at minimum, the child's name, address, and date of birth;**
 - b. Contact information to enable a person in charge to contact the child's:**
 - (i) Parent at the parent's home or place of employment;**
 - (ii) Family physician; and**
 - (iii) Preferred hospital;**
 - c. The name of each person who is designated in writing to pick-up the child;**
 - d. The child's general health status and medical history including, if applicable:**
 - (i) Allergies;**
 - (ii) Restriction on the child's participation in activities with specific instructions from the child's parent or health professional; and**
 - (iii) Permission from the parent for third-party professional services in the child-care center;**
 - e. The name and phone number of each person to be contacted in an emergency situation involving or impacting the child;**
 - f. Authorization by the parent for the child-care center to seek emergency medical care for the child in the parent's absence;**

Findings:

General: Based on review of documentation and interview, the following were found:

1. A child's file (DOE: 11/7/17) did not contain a preferred hospital name or telephone number.
2. A child's file (DOE: 3/30/17) did not contain a preferred hospital name or telephone number.
3. A child's file (DOE: 5/10/17) did not contain a preferred hospital name or telephone number.
4. A child's file (DOE: 3/25/17) did not contain a preferred hospital name or telephone number.

Upon interview, the Director was not aware that the information was missing from the files.

Written Documentation

Not In Compliance

1105 - Professional Development

Not In Compliance

922 KAR 2:110. Section 3. 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 and interview, the surveyor found that a staff file (DOH: 8/11/16) contained an annual professional development plan that was not dated; therefore, a valid annual professional development plan was not presented for review. Upon interview, the Director was not aware that the professional development plan had not been dated.

Posted Documentation

Not In Compliance

1155 - Posting Requirements

Not In Compliance

922 KAR 2:110. Section 2. General.

(7) In addition to the posting requirement of KRS 199.898(3), a child-care center shall post the following in a conspicuous place and make available for public inspection:

- (a) Each statement of deficiency and civil penalty notice issued by the cabinet during the current licensure year;**
- (b) Each plan of correction submitted by the child-care center to the cabinet during the current licensure year;**
- (c) Information on the Kentucky Consumer Product Safety Program and the program's website as specified in KRS 199.897;**
- (d) A description of services provided by the child-care center, including:**
 - 1. Current rates for child care; and**
 - 2. Each service charged separately and in addition to the basic rate for child care;**
- (e) Minimum staff-to-child ratios and group size established in 922 KAR 2:120; and**
- (f) Daily schedule.**

Findings:

General: Based on observation and interview, the surveyor found that each deficiency statement and plan of correction completed within the past year was not posted in a conspicuous location where they were available for public review. Upon interview, the Director reported that the documentation was stored in a binder in the classroom.

Signature of Provider/Representative

Title

Date