



Andy Beshear
GOVERNOR

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

Eric Friedlander
SECRETARY

Melissa A. Moore, Director
Division of Regulated Child Care
Eastern Branch
455 Park Place, Suite 120A
Lexington, KY 40511
Phone: (859) 246-2301 Fax: (859) 246-2307
<https://chfs.ky.gov/agencies/os/oig>

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Kids' Discovery Center	Provider Information	CLR No: L358297
Provider Address: 9 South Bloomfield Road, Winchester, KY, 40391	Provider Type: LICENSED TYPE I	Capacity: 241
Owner(s): Kids' Discovery Center Inc.		Director(s): Aldridge, Kristy Lynn

Inspection Type: Renewal Application	Inspection Information	Inspection No: 219222
Date Initiated: 03/16/2017 9:30 AM	Date Concluded: 03/16/2017 12:06 PM	
	No. of Children Present: 88	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	Not In Compliance
255 - Staff Meeting	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: (i) Conduct, manage, and document in writing staff meetings;	
Findings: General: Based on Review of Documentation, there was no documentation of staff meetings being conducted during the current licensure year presented at the time of the survey.	
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, this regulatory requirement was not met. Seventeen (17) staff eligible for an annual performance review did not have current documentation of a review on file in the facility.	
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, 1. There was an uncovered electrical outlet in the gym area. 2. There was an uncovered electrical outlet in Room 202. 3. There was an uncovered electrical outlet in Room 204. 4. The children's coats in Room 102 and Room 205 were hanging close together and were touching. This promotes the spread of illness and lice.	

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 following was found:

1. One (1) staff person (hire date: 11/19/16) did not have evidence or results of a criminal records check (CRC) or a child abuse/neglect check (CAN) in her file. The staff person in charge identified this person as a high school student that works at the facility two (2) hours a day.
2. One (1) staff person (hire date: 1/23/17) had a CRC that was dated 2/21/17. There was no documentation to verify that the CRC was submitted within the required time frame.
3. One (1) staff person (hire date: 4/28/16) had a CAN check that was submitted on 9/12/16; therefore, it was not submitted within the required time frame. This same staff person had a CRC that was dated 9/15/16. There was no documentation to verify that the CRC was submitted within the required time frame.
4. One (1) staff person (hire date: 10/14/16) did not have evidence or results of a CAN check in her file. This same staff person had a CRC that was dated 2/21/17. There was no documentation to verify that the CRC was submitted within the required time frame.
5. One (1) staff person (hire date: 8/22/16) had a CAN check that was submitted on 9/15/16; therefore, it was not submitted within the required time frame. This same staff person had a CRC that was dated 9/15/16. There was no documentation to verify that the CRC was submitted within the required time frame.
6. One (1) staff person (hire date: 2/6/17) had a CRC that was dated 2/21/17. There was no documentation to verify that the CRC was submitted within the required time frame.
7. One (1) staff person (hire date: 10/10/16) had a CAN check that was submitted on 11/16/16; therefore, it was not submitted within the required time frame. This same staff person had a CRC that was dated 2/21/17. There was no documentation to verify that the CRC was submitted within the required time frame.
8. One (1) staff person (hire date: 8/22/16) had a CAN check that was submitted on 9/16/16; therefore, it was not submitted within the required time frame. This same staff person had a CRC that was dated 9/15/16. There was no documentation to verify that the CRC was submitted within the required time frame.
9. One (1) staff person (hire date: 4/26/16) had a CAN check that was submitted on 7/17/16; therefore, it was not submitted within the required time frame. This same staff person had a CRC that was dated 9/15/16. There was no documentation to verify that the CRC was submitted within the required time frame.
10. One (1) staff person (hire date: 12/2/16) did not have evidence or results of a CAN check on file. This same staff person had a CRC that was dated 2/21/17. There was no documentation to verify that the CRC was submitted within the required time frame.
11. One (1) staff person (hire date: 1/31/17) did not have evidence or results of a CRC on file.
12. One (1) staff person (hire date: 7/18/16) had a CAN check that was submitted on 9/1/16; therefore, it was not submitted within the required time frame. This same staff person had CRC that was dated 9/15/16. There was no documentation to verify that the CRC was submitted within the required time frame.

310 - Personnel File

Not In Compliance

922 KAR 2:110. Section 3. Records.**(1) A child-care center shall maintain:****(e) A current personnel file for each child-care center staff person to include:**

- 1. Name, address, date of birth, and date of employment;**
- 2. Proof of educational qualifications;**
- 3. Record of annual performance evaluation;**
- 4. Written record of training participation to include:**
 - a. The training source;**
 - b. Location;**
 - c. Date; and**
 - d. Number of clock hours completed;**
- 5. Every two (2) years, a:**
 - a. Statement from a health professional that the individual is free of active tuberculosis; or**
 - b. Copy of negative tuberculin results; and**
- 6. For a director, employee, volunteer, or any person with supervisory or disciplinary control over, or having unsupervised contact with, a child in care, the results of a:**
 - a. Child abuse or neglect check using the central registry in accordance with 922 KAR 1:470;**
 - b. Criminal records check required by KRS 199.896(19);**
 - c. Criminal records check from any previous state of residence completed once if:**
 - (i) The individual resided outside the state of Kentucky in the last five (5) years; and**
 - (ii) No criminal records check has been completed for the individual's previous state of residence; and**
 - d. An address check of the Sex Offender Registry;**

Findings:

General: Based on Review of Documentation and interview, this regulatory requirement was not met. A review of staff files during the inspection found sixteen (16) staff that did not have the date of employment listed in their file. The staff person in charge reviewed internal documentation and then provided the surveyor with a list of hire dates for these staff.

315 - Educational Requirements

Not In Compliance

922 KAR 2:110. Section 5. 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 and interview, five (5) staff (hire dates: 9/16/16, 2/6/17, 1/31/17, 2/21/17 and 9/20/16) did not have educational documentation on file. The staff person in charge identified three (3) of these staff as high school students; however, was not able to provide any documentation to support this during the visit.

320 - TB Verification

Not In Compliance

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

(1) Child-care center staff:

(b) Shall provide, prior to employment and every two (2) years thereafter:

- 1. A statement from a health professional that the individual is free of active tuberculosis; or**
- 2. A copy of negative tuberculin results.**

Findings:

General: Based on Review of Documentation, the following was found:

1. One (1) staff file (hire date: 1/31/10) contained results of a negative T.B. test that is no longer current. The test was dated 3/2/15 which exceeds the two (2) year time frame.
2. Six (6) staff (hire dates: 3/17/14, 11/19/16, 2/6/17, 12/2/16, 1/31/17 and 9/20/16) did not have T.B. documentation on file.
3. Eight (8) staff did not have evidence of a negative TB skin test or physician's statement documenting he/she was free from tuberculosis prior to employment. One staff person was hired on 4/28/16; however, did not have a TB skin test until 5/18/16. A second staff person was hired on 8/22/16; however, did not have a TB skin test until 3/6/17. A third staff person was hired on 10/10/16; however, did not have a TB skin test until 3/6/17. A fourth staff person was hired on 8/22/16; however, did not have a TB skin test until 3/6/17. A fifth staff person was hired on 9/20/16; however, did not have a TB skin test until 3/6/17. A sixth staff person was hired on 4/26/16; however, did not have a TB skin test until 5/9/16. A seventh staff person was hired on 7/18/16; however, did not have a TB skin test until 3/8/17 and an eighth staff person was hired on 2/21/17; however, did not have a TB skin test until 3/6/17.

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, and the Training Records Information System (TRIS), the following was found:

1. Eleven (11) staff files (hire dates: 9/2/16, 11/19/16, 9/16/16, 4/28/16, 10/14/16, 8/22/16, 10/10/16, 9/20/16, 4/26/26, 12/2/16 and 9/20/16) did not contain evidence of the six (6) hours of cabinet-approved training being completed within the first three (3) months of employment.
2. One (1) staff file (hire date: 2/23/15) did not contain evidence of the pediatric abusive head trauma training class being completed within the first year of employment.
3. Two (2) staff files (hire dates: 7/21/15 and 2/23/15) did not contain the required fifteen (15) hours of training.

Programming

Not In Compliance

440 - Two Hour Limit - Rest Time

Not In Compliance

922 KAR 2:120. Section 6. Sleeping and Napping Requirements.

(4) Rest time shall not exceed two (2) hours for a preschool-age child unless the child is attending the child-care center during nontraditional hours.

Findings:

General: Based on Observation, the posted classroom schedule for Room 202 indicated that nap time was from 11:30 a.m. to 2:00 p.m. This exceeds the two (2) hour rest time limit.

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, 1. There was a can of Lysol Disinfectant being stored on a lower shelf in an unlocked cabinet in Room 101. 2. There was a pair of adult scissors and a screw driver in the top drawer of the teacher's desk in Room 201. 3. There was a bottle of correction fluid in the top drawer of the teacher's desk in Room 205. 4. There was a can of Lysol Disinfectant, a bottle of glass cleaner and a bottle of Clorox urine cleaner being stored in an unlocked cabinet under the bathroom sink in Room 206. Also, there was a bottle of bleach/water solution being stored on a lower shelf in an unlocked cabinet in the same classroom. All of these items were accessible to the children in care.

520 - Floors, Walls, Ceilings

Not In Compliance

922 KAR 2:120. Section 4. Premises Requirements.

(9) Floors, walls, and ceilings shall be smooth, in good repair, and constructed to be easily cleaned.

Findings:

General: Based on Observation, 1. The walls throughout the building had several areas of chipping paint, divets in the drywall, small holes left from nails/screws, scuff marks and crayon/marker marks. 2. The laminate wood floor throughout the facility had areas of missing pieces, gaps between pieces and areas where the top layer had peeled off.

Inspection Report

590 - Toilet

Not In Compliance

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

(4) Each toilet shall:

- (a) Be kept in clean condition;
- (b) Be kept in good repair;
- (c) Be in a lighted room; and
- (d) Have ventilation to outside air.

Findings:

General: Based on Observation, the ventilation fans in the bathrooms in Rooms 205 and 206 were not operational at the time of the survey.

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, the changing mat in Room 207 had a 2-inch tear in the plastic covering.

First Aid/Medication

Not In Compliance

665 - Administration Record

Not In Compliance

922 KAR 2:120. Section 7. First Aid and Medicine.

(5) The child-care center shall keep a written record of the administration of medication, including:

- (a) Time of each dosage;
- (b) Date;
- (c) Amount;
- (d) Name of staff person giving the medication;
- (e) Name of the child; and
- (f) Name of the medication.

Findings:

General: Based on Review of Documentation, there were no recent records of the administration of medication in Room 204. In an interview with the staff present it was stated that there is one (1) child that is given medication on a daily basis. The staff person said that she had not recorded the administration of the medication in several days.

670 - Medication

Not In Compliance

922 KAR 2:120. Section 7. First Aid and Medicine.

(6) Medication, including refrigerated medication, shall be:

- (a) Stored in a separate and locked place, out of the reach of a child;
- (b) Kept in the original bottle; and
- (c) Properly labeled.

(7) Medication shall not be given to a child if the expiration date on the bottle has passed.

Findings:

General: Based on Observation, 1. It was found that the children's diaper ointments were being stored inside their boxes of wipes in their cubbies in Room 302 and Room 301. The ointments were not in a locked area and several were not labeled with a child's name. 2. There was a container of "Butt Paste" ointment in a child's cubbie in Room 203. 3. The medication box in Room 204 was not locked. It contained a bottle of prescription medication for one of the children and an unlabeled bottle of children's ibuprofen. 4. There was a tube of Nystatin in a child's cubbie in Room 303. The tube was not labeled with a child's name. 5. There was a tube of optical ointment in an unlocked drawer in the teacher's desk in Room 205. 6. There four (4) bottles of sunscreen being stored in an unlocked cabinet under the bathroom sink in Room 206.

Outdoor Play Area

Not In Compliance

685 - Playground Clean

Not In Compliance

922 KAR 2:120. Section 4. Premises Requirements.

(20) An outdoor play area shall be:

(c) Free from:

- 1. Litter;
- 2. Glass;
- 3. Rubbish; and
- 4. Flammable materials;

Findings:

General: Based on Observation, there was a gas grill between the two playgrounds with an attached gas tank. Since two (2) sections of the chain-link fence were missing on the Preschool playground, the children had access to the grill.

695 - Protective Surface

Not In Compliance

922 KAR 2:120. Section 4. Premises Requirements.

(21) A protective surface shall:

(a) Be provided for outdoor play equipment used to:

- 1. Climb;**
- 2. Swing; and**
- 3. Slide; and**

(b) Have a fall zone equal to the height of the equipment.

Findings:

General: Based on Observation, 1. The mulch that surrounded the climbing structures on the Preschool playground was very sparse and thin. The ground under the mulch could be seen in numerous areas. 2. There was a Little Tykes climber/slide structure (approximately 4-feet-tall) that was less than one (1) foot from the fence. The end of the slide on the structure was up against the fence.

700 - Fences

Not In Compliance

922 KAR 2:120. Section 4. Premises Requirements.

(23) Fences shall be:

- (a) Constructed of safe material;**
- (b) Stable; and**
- (c) In good condition.**

Findings:

General: Based on Observation, there were two (2) sections of chain-link fence missing from the Preschool playground. The pole that connected the sections was still there and posed a hazard to the children.

Equipment

Not In Compliance

755 - Toys/Equipment/Furniture

Not In Compliance

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

(1) All toys, equipment, 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 small wooden chest used in the dramatic play are in Room 203 was in disrepair. There was peice of the wood missing on the lid that left sharp edges accessible to the children.

Transportation

Not In Compliance

820 - Vehicle Equipment

Not In Compliance

922 KAR 2:120. Section 12. Transportation.

(4) A vehicle used to transport children shall be equipped with:

- (a) A fire extinguisher;**
- (b) First aid supplies as described in Section 7 of this administrative regulation;**
- (c) Emergency reflective triangles; and**
- (d) A device to cut the restraint system, if necessary.**

Findings:

General: Based on Observation, 1. Neither of the two (2) vans used to transport children had a seatbelt cutter in the vehicle. 2. The first aid kit in Van #1 did not contain sterile gauze, medical tape, liquid soap or a functional flashlight. 3. The first aid kit in Van #2 contained only a CPR mouth-guard.

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, 1. One of the refrigerators in the kitchen did not contain an indicating thermometer. 2. The thermometer in one of the refrigerators in the gym area registered forty-eight (48) degrees Fahrenheit at the time of the survey. 3. There was no indicating thermometer in the refrigerator used to store children's formulas in Room 303.

Inspection Report

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, the thermometer in the freezer in the pantry registered fifteen (15) degrees Fahrenheit at the time of the survey.

Children's Records

In Compliance

Written Documentation

Not In Compliance

1085 - Evacuation Plan

Not In Compliance

922 KAR 2:090. Section 5. Evacuation Plan.

(1) A licensed child-care center shall have a written evacuation plan in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard for a child in care in accordance with KRS 199.895.

Findings:

General: Based on Review of Documentation, there was no disaster plan presented at the time of the survey that included the requirements listed in KRS 199.895.

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, this regulatory requirement was not met. Eighteen (18) staff did not have evidence of a current staff professional development plan on file in the facility.

1115 - Earthquake/Tornado Drills

Not In Compliance

922 KAR 2:110. Section 3. Records.

(1) A child-care center shall maintain:

(h) A written record of quarterly practiced earthquake drills and tornado drills detailing the date, time, and children who participated in accordance with 922 KAR 2:120, Section 3;

Findings:

General: Based on Review of Documentation, the recorded earthquake and tornado drills did not include the names of the children that participated in the drills.

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, 1. The facility had been issued a civil penalty on 2/21/17. This penalty was not posted in a conspicuous place in the facility. 2. The facility's rates were not posted in the facility. 3. The proper methods of diapering and hand washing were not posted in the changing area in Room 203.

1165 - Daily Activities

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:

(h) Post a schedule of daily activities, to include dates and times of activities to be conducted with the children in each classroom;

Findings:

General: Based on Observation, the schedule of daily activities did not include the dates of activities to be conducted with the children in Room 203.

Animals

In Compliance

Signature of Provider/Representative

Title

Date