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**Inspection Report**

<b>Provider Name:</b> Rockcastle Hospital Child Development Center	<b>Provider Information</b> <b>Provider Type:</b> LICENSED TYPE I	<b>CLR No:</b> L358846
<b>Provider Address:</b> 145 Newcomb Avenue, Mt. Vernon, KY, 40456		<b>Capacity:</b> 60
<b>Owner(s):</b> Rockcastle Hospital And Respiratory Care Center, Inc.		<b>Director(s):</b> Burdette, Twila Carol

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 245614
<b>Date Initiated:</b> 08/31/2018 8:30 AM	<b>Date Concluded:</b> 08/31/2018 11:30 AM	
	<b>No. of Children Present:</b> 26	

Inspection Report	
<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>
<b>Director Requirements</b>	<b>Not In Compliance</b>
<b>345 - Staff Evaluation</b>	<b>Not In Compliance</b>

**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 and interview, the surveyor found the following:

1. A staff file (DOH: 7/9/14) presented for review did not contain an annual performance evaluation.
2. A staff file (DOH: 6/12/17) presented for review did not contain an annual performance evaluation.

The Director reported that she thought the evaluations had been completed.

**360 - Caregiver Alone** **Not In Compliance**

**922 KAR 2:090. Section 10. Director Requirements and Responsibilities.**  
**(1) A director shall:**  
**(n) Assure that a person acting as a caregiver of a child in care shall not be left alone with a child, if the licensee has not received the results of the background checks as described in 922 KAR 2:280;**

**Findings:**

General: Based on review of documentation, observation, and interview, the surveyor observed a staff member (DOH: 8/16/18) working alone in the Preschool Classroom with twelve (12) children between three-years-old and five-years-old. Review of the staff file revealed that the staff member had submitted to a background check on 8/9/18 and had fingerprints taken on 8/10/18; however, the results had not been returned. The Director reported that she thought the results had been returned.

**Inspection Report**

**Employee Records**

**Not In Compliance**

**410 - Training**

**Not In Compliance**

**922 KAR 2:090. Section 11. Staff Requirements.**

**(16) 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 cabinet-approved 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 cabinet-approved 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 were found:

1. A staff file (DOH: 1/9/12) contained documentation of Pediatric Abusive Head Trauma (PAHT) training being completed on 2/23/13. Review of ECE-TRIS, confirmed that PAHT was last completed on 2/23/13; therefore, it was not updated within the past five (5) years. The Director stated that the staff member has been off work for a while.
2. A staff file (DOH: 6/9/14) contained documentation of five (5) annual training hours for 6/9/17 - 6/8/18. Review of ECE-TRIS, confirmed that only five (5) hours of annual training were completed for 6/9/17 - 6/8/18. The Director stated that she was aware of the deficiency in training hours.
3. A staff file (DOH: 7/9/14) contained documentation of fourteen (14) annual training hours for 7/9/17 - 7/8/18. Review of ECE-TRIS, confirmed that only fourteen (14) hours of annual training were completed for 7/9/17 - 7/8/18. The Director stated that she thought the staff member had obtained the required training.

**Programming**

**In Compliance**

**Premises**

**Not In Compliance**

**525 - Items Accessible Only During Activity**

**Not In Compliance**

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

**(8) The following shall be inaccessible to a child in care unless under direct supervision and part of planned program of instruction:**  
**(a) Knives and sharp objects;**  
**(b) Litter and rubbish;**  
**(c) Bar soap; and**  
**(d) Plastic bags not used for personal belongings.**

**Findings:**

General: Based on observation and interview, the surveyor found that a teacher supply drawer located under the counter in the Two's Classroom contained a pair of non-safety scissors and batteries. The drawer was unlocked; therefore, the items were accessible to the children. Staff reported that the drawer is supposed to remain locked.

**Hygienic Practices**

**In Compliance**

**First Aid/Medication**

**In Compliance**

**Outdoor Play Area**

**In Compliance**

**Equipment**

**Not In Compliance**

**790 - Crib/Mattress/Sheet**

**Not In Compliance**

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

**(3) Rest time shall include adequate space specified by the child's age as follows:**  
**(a) For an infant:**  
**1. An individual non-tiered crib that meets Consumer Product Safety Commission standards established in 16 C.F.R. 1219-1220;**  
**2. A firm crib mattress in good repair with a clean tight-fitted sheet that shall be changed:**  
**a. Weekly; or**  
**b. Immediately if it is soiled or wet;**

**Findings:**

General: Based on observation and interview, the surveyor found that all of the crib sheets in the Nursery were soiled with dried fluids and debris. Staff stated that the sheets are changed weekly or immediately if soiled.

**Transportation**

**Not Applicable**

**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 and interview, the following were found:

1. A staff file (DOH:7/9/14) did not contain a professional development plan that had been completed within the past year. The most recent professional development plan on file was dated for 8/3/17.
2. A staff file (DOH: 6/12/17) did not contain an annual professional development plan.
3. A staff file (DOH: 6/12/17) did not contain an annual professional development plan.
4. A staff file (DOH: 2/13/17) did not contain an annual professional development plan.

The Director stated that she thought the professional development plans had been completed.

**Posted Documentation**

**In Compliance**

**Animals**

**In Compliance**

Signature of Provider/Representative

Title

Date