



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
Southern Branch
116 Commerce Ave
London, KY 40744

Phone: (606) 330-2030 Fax: (606) 330-2056
<https://chfs.ky.gov/agencies/os/oig>

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Growing Place (The)	Provider Information	CLR No: L359171
Provider Address: 401 W. Main Street, Richmond, KY, 40475	Provider Type: LICENSED TYPE I	Capacity: 124
Owner(s): First United Methodist Church Of Richmond, Inc.		Director(s): Williams, Barbara Gayle

Inspection Type: Renewal Application	Inspection Information	Inspection No: 218044
Date Initiated: 01/09/2017 9:35 AM	Date Concluded: 01/09/2017 2:35 PM	
	No. of Children Present: 89	

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, one (1) staff file (DOH: 9/3/03) presented for review did not contain an annual evaluation. Upon interview, the Director reported that the staff member had just returned to work on 1/3/17 from being on medical leave.	
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 one (1) electrical outlet located next to the refrigerator in the Two's Classroom was missing a protective cover. Staff stated they had failed to replace the protective covering.	

275 - Caregiver Alone

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:

(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 Section 3(1)(e)6 of this administrative regulation;

Findings:

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

1. A staff member's file (DOH: 2/29/16) presented for review did not contain the out of state criminal records check for two (2) states they had previously lived in within the past five (5) years. The staff member was observed working alone in the Kindergarten Classroom with sixteen (16) children ranging in age from five (5) years-old through seven (7) years-old. The Director reported that she had not submitted an out of state criminal records check as she had not realized that she needed to.
2. A staff member's file (DOH: 8/17/16) presented for review did not contain the out of state criminal records check for two (2) states they had previously lived in within the past five (5) years. The Director confirmed through interview that the staff member had worked alone with the children. The Director reported that she had not submitted an out of state criminal records check as she had not realized that she needed to.
3. A staff member's file (DOH: 8/30/16) presented for review did not contain the criminal records check results. The Director confirmed through interview that the staff member had worked alone with the children. The Director stated she always submits the criminal records check within twenty-four (4) hours of the date of hire; however, she was not able to locate the results or proof of submission.

Employee Records

Not In Compliance

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, observation, and interview, the following were found:

1. A staff member's file (DOH: 2/29/16) presented for review did not contain the out of state criminal records check for two (2) states they had previously lived in within the past five (5) years. The staff member has worked over the 90 calendar days without having completed an out of state criminal records check. The staff member was observed working alone in the Kindergarten Classroom with sixteen (16) children ranging in age from five (5) years-old through seven (7) years-old. The Director reported that she had not submitted an out of state criminal records check as she had not realized that she needed to.
2. A staff member's file (DOH: 8/17/16) presented for review did not contain the out of state criminal records check for two (2) states they had previously lived in within the past five (5) years. The staff member has worked over the 90 calendar days without having completed an out of state criminal records check. The Director confirmed through interview that the staff member had worked alone with the children. The Director reported that she had not submitted an out of state criminal records check as she had not realized that she needed to.
3. A staff member's file (DOH: 8/30/16) presented for review did not contain the criminal records check results. The Director confirmed through interview that the staff member had worked alone with the children. The staff member has worked over 90 calendar days without having completed a criminal records check. The Director stated that she always submits the criminal records check within twenty-four (4) hours of the date of hire; however, she was not able to locate the results or proof of submission.
4. Five (5) staff files (DOH: 11/1/16, 8/29/16, 8/29/16, 2/22/16, 10/19/16) presented for review contained criminal records checks that were not submitted within the required time frame. The submission date for each criminal record check listed in order of the hire dates above were: 11/8/16, 8/30/16, 8/30/16, 2/24/16, 10/20/16. The Director stated she was under the impression that she had up to twenty-four (24) hours after the date of hire to submit the criminal records 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 were found:

1. Staff file (DOH: 9/24/14) presented for review contained proof of only nine (9) hours of cabinet-approved early care and education annual training. Review of ECE-TRIS confirmed that only nine (9) hours of annual training had been completed.
2. Staff file (DOH: 7/15/14) presented for review contained proof of only thirteen (13) hours of cabinet-approved early care and education annual training. Review of ECE-TRIS confirmed that only thirteen (13) hours of annual training had been completed.
3. One (1) substitute file (DOH: 5/1/13) presented for review contained proof of only four (4) hours of cabinet-approved early care and education annual training. Review of ECE-TRIS confirmed that only four (4) hours of annual training had been completed.
4. Staff file (DOH: 5/1/13) presented for review contained proof of only six (6) hours of cabinet-approved early care and education annual training. Review of ECE-TRIS confirmed that only six (6) hours of annual training had been completed.
5. Staff file (DOH: 8/22/13) presented for review contained proof of only six (6) hours of cabinet-approved early care and education annual training. Review of ECE-TRIS confirmed that only twelve (12) hours of annual training had been completed.
6. Two (2) staff files (DOH: 7/6/07, 9/3/06) presented for review contained proof of only fourteen (14) hours of cabinet-approved early care and education annual training. Review of ECE-TRIS confirmed that only seven and a half (7.5) hours of annual training had been completed.
7. Staff file (DOH: 11/18/15) presented for review contained proof of only seven and a half (7.5) hours of cabinet-approved early care and education annual training. Review of ECE-TRIS confirmed that only seven and a half (7.5) hours of annual training had been completed.
8. Five (5) staff files (DOH: 6/29/16, 9/20/16, 8/29/16, 2/22/16, 8/10/16) contained evidence of the employees not completing six (6) hours of cabinet-approved orientation within the required time frame. Review of ECE-TRIS confirmed that the employees did not complete orientation within the required time frame.

Upon interview, the Director expressed that she was aware of discrepancies in regards to training requirements not being met.

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 following were found:

1. The surveyor found that an unlocked drawer in a plastic bin in the Toddler Classroom contained a screw driver, hand lotion, two (2) unlabeled containers of hand cream/balm, and a box of lens wipes with a warning label stating they should be kept out of the reach of children. The plastic bin/drawer was within reach of the children. Staff confirmed the cream in the unlabeled container was her personal hand cream.
2. There was an unlocked cabinet under the sink in the Infant Classroom which contained bleach and carpet cleaner. The cabinet was within reach of the children. Staff stated that the items are always stored in that location.
3. There was a purse in an unlocked white cabinet in the Three's Classroom which was accessible to the children. Staff confirmed through interview that the purse belonged to them.
4. There was an unlocked drawer under the counter in the Two's Classroom that contained a pair of non-safety scissors. The scissors were accessible to the children. Staff confirmed that staff supplies are stored in the drawers under the counter.
5. There was a hot wax burner in use located on the blude shelf in the Two's Classroom. The burner was accessible to the children. The Director reported the item was gift from a parent and staff did not realize it should not be accessible to the children.
6. There was a cabinet under the counter in the Three's Classroom wick contained a purse, cell phone, and drink in a disposable cup. The safety latch on the cabinet was not functioning; therefore, the items were accessible to the children. Staff confirmed through interview that the items belonged to them.
7. There was a purse and lunch tote on the floor next to the computer table in the Part-time Four's Classroom. Staff stated that the purse and lunch tote were there personal belongings. The purse and lunch tote were accessible to the children.

585 - Sink

Not In Compliance

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

(3) A sink shall be:

- (a) Located in or immediately adjacent to toilet rooms;
- (b) Equipped with hot and cold running water that allows for hand washing;
- (c) Equipped with hot water at a minimum temperature of ninety (90) degrees Fahrenheit and a maximum of 120 degrees Fahrenheit;
- (d) Equipped with liquid soap;
- (e) Equipped with hand-drying blower or single use disposable hand drying material;
- (f) Equipped with an easily cleanable waste receptacle; and
- (g) Immediately adjacent to a changing area used for infants and toddlers.

Findings:

General: Based on observation and interview, the surveyor found that the water at the sink in the Weebler's Classroom did not get warm. Upon interview, staff stated that the hot water does not work at that sink and the children's hands are washed at that location. Staff explained that hot water is obtained from the adjoining classroom for cleaning purposes.

Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	In Compliance
Transportation	Not Applicable
Food Service	In Compliance
Children's Records	Not In Compliance

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 one (1) child's file presented for review (DOE: 7/22/16) contained an immunization certificate that was no longer current after 5/20/16. Staff was not aware that the immunization certificate was not current.

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. Three (3) children's files (DOE: 5/23/16, 12/4/14, 7/22/15) did not contain the preferred hospital telephone number. Upon interview, staff were not aware that the information was missing.
- 2. One (1) child's file (DOE: 8/3/15) did not contain the name or telephone number for the preferred hospital. Upon interview, staff were not aware that the information was missing.

Inspection Report		
Written Documentation		Not In Compliance
1095 - Daily Attendance Records		Not In Compliance
922 KAR 2:110. Section 3. Records. (1) A child-care center shall maintain: (c) Daily attendance records documenting the arrival and departure time of each child, including records that are required in accordance with 922 KAR 2:160, Section 13, if a child receives services from the child-care center through the Child Care Assistance Program;		
Findings: General: Based on observation, interview, and review of documentation, sixteen (16) children were observed to be present in the Four's Classroom on 1/9/17; however, documentation review revealed that only fourteen (14) children were signed in to the Four's Classroom on 1/9/17. Upon interview, staff stated that there were sixteen (16) children present and two (2) children's parents had failed to sign them in.		
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 following were found: 1. A staff member's file (DOH: 8/22/13) presented for review did not contain an updated annual professional development plan. The last professional development plan on file was dated for January of 2015. 2. A staff member's file (DOH: 9/23/08) presented for review did not contain an updated annual professional development plan. The last professional development plan on file was from 2014. 3. A staff member's file (DOH: 3/6/15) presented for review did not contain an annual professional development plan. 4. A staff member's file (DOH: 11/18/15) presented for review did not contain an updated annual professional development plan. The last professional development plan on file was dated for November of 2015. 5. A staff member's file (DOH: 9/3/03) presented for review did not contain an updated annual professional development plan. The last professional development plan on file was dated for January of 2015. The Director stated that one staff member had been on medical leave and had just returned to work on 1/3/16. The Director explained that she had given the staff their professional development plans in order that they could update them; however, she had not recieved them back yet.		
Posted Documentation		In Compliance
Animals		In Compliance

Signature of Provider/Representative

Title

Date