



Andy Beshear
GOVERNOR

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Inspection Report

Provider Name: Learning Grove - Altamont Road	Provider Information	CLR No: L354772
Provider Address: 419 Altamont Road, Covington, KY, 41011	Provider Type: LICENSED TYPE I	Capacity: 110
Owner(s): Learning Grove, Inc.		Director(s): Young, Cassie

Inspection Type: Investigation	Inspection Information	Inspection No: 318308
Date Initiated: 08/03/2021 1:50 PM	Date Concluded: 08/03/2021 4:15 PM	
	No. of Children Present: 34	

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

705 - Staff Hygiene/Handwashing **Not In Compliance**

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

(5) Staff shall:

- (a) Maintain personal cleanliness;
- (b) Conform to hygienic practices while on duty;
- (c) Except as established in paragraph (d) of this subsection, wash their hands with liquid soap and running water:
 1. Upon arrival at the center;
 2. After toileting or assisting a child in toileting;
 3. Before and after diapering each child;
 4. After wiping or blowing a child's or own nose;
 5. After handling animals;
 6. After caring for a sick child;
 7. Before and after feeding a child or eating;
 8. Before dispensing medication;
 9. After smoking or vaping; and
 10. If possible, before administering first aid; and
- (d) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available in accordance with paragraph (c) of this subsection. The staff shall wash the staff's hands as soon as practicable once liquid soap and warm running water are available.

Findings:

General: Based on interview, this regulatory requirement was not met. An interview with the staff person in charge during the investigation revealed that one staff person, who is no longer employed, sent home soiled latex gloves and soiled diaper wipes in the same bag with a child's underwear. This process/procedure is not sanitary and promotes the spread of germs.

Signature of Provider/Representative

Title

Date