

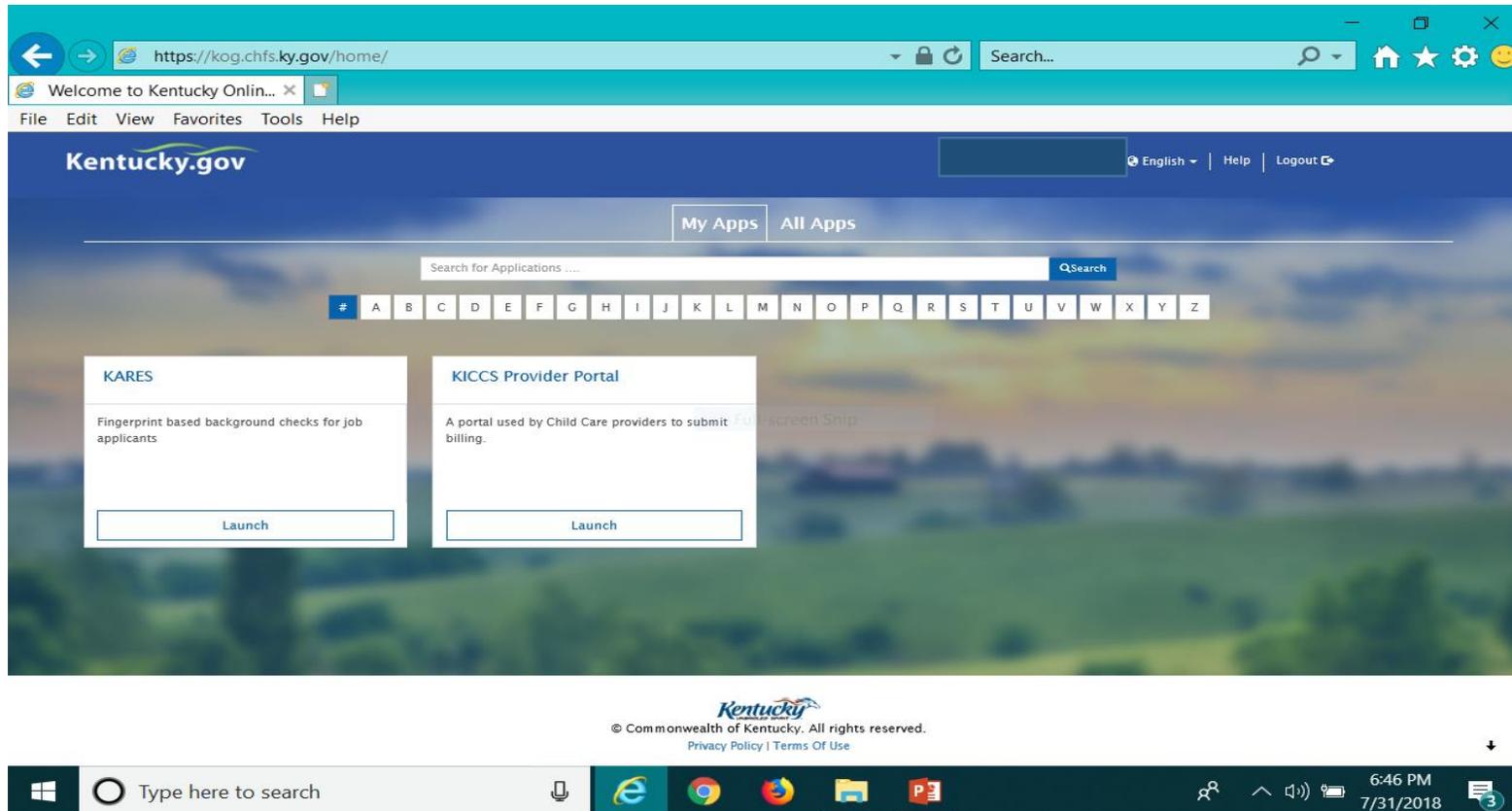
The Kentucky Online Gateway

Technical Assistance Guidance for Child Care Coaches and Providers



Applications (Apps) currently used by child care providers in Kentucky: KARES and KICCS Provider Portal

- <https://chfs.ky.gov/agencies/dcbs/dcc/Pages/kiccsportal.aspx>



Quick reference

- Do you already have a Kentucky Online Gateway (KOG) account user account for billing? Skip to Slide #17 for directions on accessing the KICCS Provider Portal for completing Plan of Correction (POC) online.
- How to complete the written KICCS Provider Portal User Agreement is found on Slide #18
- Just the basics on how to complete the Plan of Correction (POC) online starts at Slide #20
- Did you forget to print a copy of the Plan of Correction (POC)? **Slide #44 (top right corner)**
- Do you need to fax or scan a document to the Division of Regulated Child Care (DRCC)?
Slide #45
- Do you need help? Slide #51 Child Care Aware Health and Safety Coaches
Slide #52 Help Desk Information



- First, you will need a Kentucky Online Gateway (KOG) account. To learn more about setting up an account, you will need to read the KICCS Portal User Guide. We have information about where to find that document on the next few screens of our presentation.
- Once you have established a “KOG” account and submitted the Provider Portal Agreement as instructed in the “User Guide”, your Provider Portal account will be approved.
- Then, the next time you have an inspection or survey, your Statement of Deficiencies will be available on your “provider portal” and you can complete the Plan of Correction online.

We believe you will find the information in this presentation helpful. Just follow the steps....

Printed Date: 05/26/2016 KID013 v1.0



CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Matthew G. Bevin
Governor

Vickie Yates Brown Glisson
Secretary

John D. Inman
Acting Inspector General

Division of Regulated Child Care
Northern Enforcement Branch
908 W. Broadway, 10-W
Louisville, KY 40203
Phone: (502) 595-5781
Fax: (502) 595-5773
<http://chfs.ky.gov/os/oig>

Inspection Report

Provider Information		
Provider Name: [REDACTED]	Provider Type: LICENSED TYPE I	License No: L38 [REDACTED]
Provider Address: [REDACTED], Louisville, KY, 40214		Capacity: 166
Owner(s): [REDACTED]		Director(s): [REDACTED]

Inspection Information		
Inspection Type: Renewal Application	Visit End Date: 05/12/2016 2:22 PM	
Visit Start Date: 05/12/2016 10:01 AM	No. of Children Present: 70	

Inspection Report		
Supervision		
5 - Children Supervised	In Compliance	
922 KAR 2:120. Section 2. Child Care Services.		
(3)(a) Each center shall maintain a child-care program that assures each child will be:		

Good News – When you create a KOG Account, you will also be able to request access to the KICCS Provider Portal which houses the Kentucky ALL STARS and CCAP Billing Portals.

KICCS Provider Portal “Launch Page” provides easy access:

- 1) Link to the KICCS Portal (see right side of screen)
- 2) The Phone # and email for KICCS Helpdesk
- 3) How to become a KICCS Portal User (right side of screen) for new users and for those who already have a KY Online Gateway Account

Here’s the address for this page:

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/kiccsportal.aspx>

CHES > Agencies > Department for Community Based Services > Division of Child Care > KICCS Provider Portal Launch Site

DIVISION OF CHILD CARE

KICCS Provider Portal Launch Site

What It Is

The [KICCS Provider Portal](#) is used by child care providers to submit billing and view documents for the Child Care Assistance Program, complete Plans of Correction for Division of Regulated Child Care and submit documentation and receive correspondence for the All STARS program.

Contact the [KICCS HelpDesk](#) for help creating an account, navigation assistance or system issues related to the Provider Portal.

Local (Frankfort): (502) 564-0104, Option 5
Toll-free: (866) 231-0003, Option 6

HELPDESK

All STARS

Beginning June 25, Licensed and Certified child care providers will be able to do the following using the Provider Portal:

- submit Standards Checklist and upload supporting

Portal Access

[KICCS Provider Portal](#)

Become a KICCS Portal User

- Review the [KICCS Portal User Guide](#) for instructions to create a KY Online Gateway citizen account
- Child care providers print and follow the instructions on the [Provider Portal User Agreement](#)
- University of Kentucky STARS staff (QEI) print and follow the instructions on the [QEI User Agreement](#)

Have an existing KY Online Gateway citizen account?

- Log into your account
- Request access to the KICCS Provider Portal
- Submit the appropriate User

Log In
to the KICCS Provider Portal



For new users –
Become a KICCS
Portal User. Print
the KICCS Portal
User Guide to
set up a
Kentucky Online
Gateway
Account



**The KICCS
PORTAL
USER GUIDE
will provide
step by step
directions to
set up an
account. We
suggest you
print this
document.**

Need Help?

**Contact the
KICCS Help Desk:**

**1-866-231-0003
Option 6**

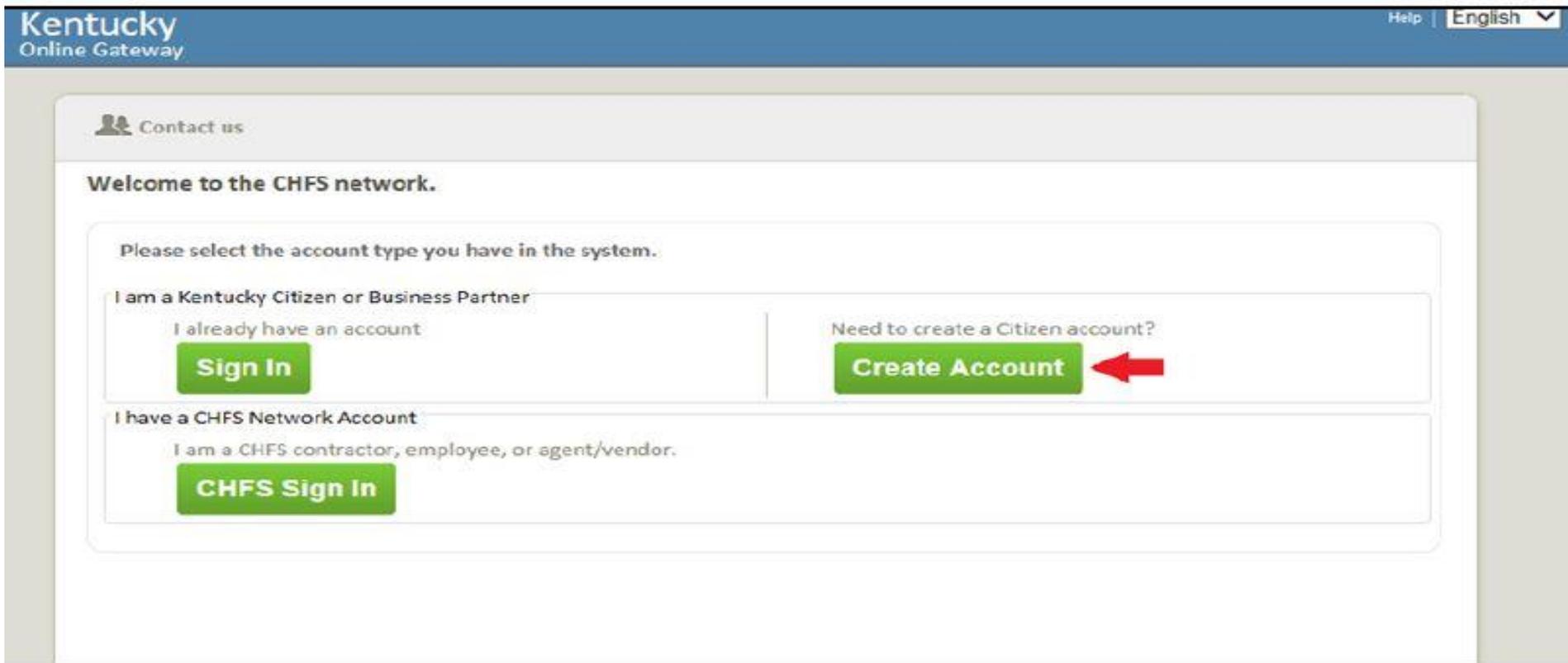
KICCS PORTAL USER GUIDE

*User Guide to
request a citizen
(CIT) account and
provider or STARS
QEI online features*

The **KICCS PORTAL USER GUIDE** continued...
The **USER GUIDE** provides step by step instructions on setting up a provider portal. Each page contains directions. Below is an example from the **USER GUIDE**.

To create an account:

Click on the green “Create Account” button.



Gateway Inicio de Sesión

Inicia sesión con tu Cuenta de Kentucky Online Gateway.

Nombre de Usuario o [¿Olvidó Nombre de Usuario?](#)

Dirección de Correo Electrónico

brummal.murphy@uky.edu

Contraseña [¿Olvidó Contraseña?](#)

●●●●●●

Iniciar la sesión

[Reenvíe correo electrónico con verificación de cuenta](#)

¿Todavía no tiene una Cuenta Ciudadana de Kentucky Online Gateway?

Crear Una Cuenta

ADVERTENCIA

Este sitio web es propiedad de Commonwealth de Kentucky. Esto es para notificarle que sólo está autorizado para utilizar este sitio, o cualquier información obtenida a través de este sitio, para los fines previstos. Acceso sin autorización o la divulgación de información personal y confidencial pueden ser castigados con multas bajo la ley estatal y federal. Acceso sin autorización a este sitio web o el acceso en exceso de su autorización también puede ser castigado criminalmente. Commonwealth de Kentucky sigue las pautas aplicables federales y estatales para proteger la información de uso indebido o acceso no autorizado.



Use this box to chose to access the portal in English or Spanish.

Hint: the Plan of Correction still appears in English and has not been translated for the provider.

My Apps All Apps

Search for Applications ... Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Welcome to the Kentucky Online Gateway. Your KOG Account has been successfully established. Next step: is to request access to the KARES APP where the National Background Check Portal (NBCP) is housed. Simply send a request for access to KARES to: chfsdccnbc@ky.gov

You will receive an email when the KARES App is added.
You must open the email and validate the account,

KARES App

The National Background Check Portal



My Apps All Apps

Search for Applications ... Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

KARES

Fingerprint based background checks for job applicants

Launch

You now have access to the KARES App.
You are ready to complete the
NBCP Background Checks online.



Help | My Account

Home Applications Employees Search Reports Reference Admin

Home

DCBS Child Care

Welcome to the Kentucky National Background Check Service

***** The Kentucky State Police will have a scheduled outage on 08/09/2018. No fingerprints can be collected that day. *****

You are accessing a restricted information system. System usage may be monitored, recorded, and subject to audit. Unauthorized use of the system is prohibited and may be subject to criminal and/or civil penalties. Use of the system indicates consent to monitoring and recording.

Full-screen Snip

At a Glance

Applications	
Not Yet Submitted By Provider	0
Not Yet Submitted By Provider > 10 Days	0
Eligibility Determination In Process	1
Eligibility Determination Complete	0
Determination Available and Action Needed (over 35 days old)	0
Applications Submitted But Fingerprints Not Completed	0
Determination Not Entered for Newly Employed	0
Pending Payments	0
Registry Recheck	0
Employees	
Provisional Status Expiring (Within 5 Days)	0
Provisional Status Expired	0
Employment Verification Needed (Within 30 Days)	0
Employment Verification Past Due	0
New Background Check Needed (Within 30 Days)	0

Important Messages

New User please select **HELP** (upper right corner) if you need more information about the KARES system. It may provide answers to your questions.

DCBS Child Care Helpdesk Information

Phone: (502) 564-2524, Option 1
Fax: (502) 564-3465
Email: CHFSDCCNBCP@ky.gov

Tip Sheet

The Kentucky National Background Check Program provides a web portal (KARES) interface for organizations to obtain a fingerprint based state and federal criminal history report on employees.

Tip Sheet – Step by step instructions – Please print this!

Help Icon There are a variety of videos to walk you through the process

Help Desk

My Apps All Apps

Search for Applications ... Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

KARES

Fingerprint based background checks for job applicants

Launch

To request access to the KICCS Provider Portal, click "All Apps."

On the "All Apps" page, scroll down until you find KICCS Provider Portal
Click on "Enroll"

CHFS BI HSSMB EXT
HSSMB Business Objects reports can access externally.

Enroll

Benefind
Learn about public assistance program and apply for benefits.

Enroll as Citizen

CHFS External SharePoint Sites
SharePoint Web Application Enables site access via all ky.gov and CHFS KOG user accounts.

Enroll

Child Support Website
Allows public to create, update and view their accounts (custodial and non-custodial parents).

Enroll

CLPPP
Application to track Lead Poisoning

Enroll

CSE Monthly Invoicing Portal
Allows contracting officials to enter their expenses.

Enroll

CSE Policy and Procedures
Allows caseworkers to view Policy

Enroll

EDRS
EDRS Electronic death reporting system Hospitals, funeral homes are required to use EDRS to report deaths in KY. EDRS is a mission critical 24/7 application.

Enroll

GenTrack
Small generic applications almost 300 in GenTrack and almost 100 in GenLog. Supports entry and tracking of generic information.

Enroll

HANDS
Application to monitor worker services to pregnant women, first time parents.

Enroll

i-Twist
TWIST is the Commonwealth of Kentucky's automated case management system designed to support the frontline social services delivery effort that is operated under the aegis of the Cabinet for Health and Family Services (CHFS).

Enroll

KADAP
Used to enter application information to determine whether clients are eligible for the drug assistance program (Ryan White Grant).

Enroll

Kentucky Diabetes Contact
Holds demographic information regarding professionals in the Diabetes field. Creates contact lists, mailing labels, name tags, etc.

Enroll

Kentucky Medicaid's Pharmacy Member Portal
Medicaid Member Pharmacy Portal

Enroll

KHIE Coordinating Council & Comm
Sharepoint for KHIE Coordinating Council and Committees

Enroll

KICCS Provider Portal
A portal used by Child Care providers to submit billing.

Enroll

KY Diabetes Resource Directory
Web based application, available to public listing all Diabetes resources by county, city, zip code so that an individual would be able to search for information in their region

Enroll

KY MMIS Interchange
The Kentucky Medicaid Management Information System (KYMMIS) is a claims processing and retrieval system. The Current KYMMIS is hosted and maintained by DXC formerly Hewlett Packard Enterprise (HPE).

Enroll

KYFIRST
Kentucky Food Inspection Regulatory Standards Tool.

Enroll

NEDSS
National Electronic Disease Surveillance System. Enables KPDH reportable disease staff to report disease information to the Center for Disease Control.

Enroll



Select the roles you wish to request or remove for the (KICCS Provider Portal)

Available Roles

Roles	PreRequisites	Request
Technical_Notes_Assistance Technical Notes Assistance		<input type="checkbox"/>

Current Roles

Roles	Remove
Print_PBF Print Provider Billing Form	<input type="checkbox"/>
Print_Remittance Print Remittance	<input type="checkbox"/>
Process_Prov_Ren_Chng_CMP_POC Submit Renewal & Change Applications, Pay Civil Monetary Penalties, Submit Plans of Correction	<input type="checkbox"/>
Save_PBF Save Provider Billing Form	<input type="checkbox"/>
Send_PBF Send Provider Billing Form	<input type="checkbox"/>
View_PBF View Provider Billing Form	<input type="checkbox"/>
ALL_STARS ALL STARS	<input type="checkbox"/>

Next >

Add or remove roles by clicking in the boxes. For access to the POC Online only – simply click on this role. Most providers should add all roles. Your CCA Health and Safety Coach can provide additional guidance.

Click Next



Request Application Access



The roles you have requested require the following credential details to complete the request.

Required Credentials

KICCS Provider Portal Technical Notes Assistance

1 Enter your Legal First and Last Name:

2 Please enter your Employee ID number

Full-screen Snip

◀ Previous

Next ▶

You will have to provide your name and driver's license #. Some requests require multiple entries of this information.

Click Next...

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/kiccsportal.aspx>

← → <https://chfs.ky.gov/agencies/dcbs/dcc/Pages/kiccsportal.aspx>

KICCS Provider Portal Launc... x

File Edit View Favorites Tools Help

Kv... Website of the Commonwealth of Kentucky



Services Agencies News Contact Us

Search

Agencies > Department for Community Based Services > Division of Child Care > KICCS Provider Portal Launch Site

CHILD CARE Provider Portal Launch Site

In addition to setting up an online account, each user must complete a written Provider Portal Agreement. The KICCS Provider Portal account is not activated until the written agreement is received and approved.

The [Provider Portal](#) is used by child care providers to submit documents for the Child Care Assistance Program, Department of Correction for Division of Regulated Child Care and to receive correspondence for the All STARS program.

For more information, visit the [KICCS HelpDesk](#) for help creating an account, navigation and for system issues related to the Provider Portal.

Frankfort: (502) 564-0104, Option 5
Columbus: (866) 231-0003, Option 6

All STARS

Beginning June 25, Licensed and Certified child care providers will be able to do the following using the Provider Portal:

- submit Standards Checklist and upload supporting

Print the PROVIDER PORTAL USER AGREEMENT

Portal Access

[KICCS Provider Portal](#)



Become a KICCS Portal User

- Review the [KICCS Portal User Guide](#) for instructions to create a KY Online Gateway citizen account
- Child care providers print and follow the instructions on the [Provider Portal User Agreement](#)
- University of Kentucky STARS staff (OEI) print and follow the instructions on the [OEI User Agreement](#)



Have an existing KY Online Gateway citizen account?

- Log into your account
- Request access to the KICCS Provider Portal
- Submit the appropriate User

Hint: Do you already have a KOG Account? Then simply print the Provider Portal Agreement and submit it for approval. Don't forget to send a copy of your I.D.

Type here to search



6:33 PM
7/31/2018

PROVIDER PORTAL USER AGREEMENT, 3 pages

Commonwealth of Kentucky
Cabinet for Health and Family Services (CHFS)
Division of Child Care (DCC)
Division of Regulated Child Care (DRCC)

Commonwealth of Kentucky
Cabinet for Health and Family Services (CHFS)
Division of Child Care (DCC)
Division of Regulated Child Care (DRCC)

Kentucky Integrated Child Care System (KICCS) Provider Portal Account Agreement

Kentucky Integrated Child Care System (KICCS) Provider Portal Access Agreement

Form and Online Request Instructions

Procedure

For a new Provider Portal Account must have a citizen account accessible thru the Online Gateway, submit a readable copy of their driver's license or state photo ID, and submit this form to obtain access to KICCS portal online features. This form must be in ink or typed, all information must be accurate and complete, and the form must contain a legible authorized signature(s) from an owner or authorized agent registered with the Kentucky State's Office. When the form is completed, it must be submitted for approval to CHFS.

Print this form. One form must be submitted for each user requesting an account and for each center number.

Follow the instructions available on the Portal Launch at chfs.ky.gov/dccs/dcc/kiccsportal/ site to create a citizen account or request KICCS portal roles on the Kentucky Online Gateway. If you need help completing the online request, contact the HelpDesk (502) 564-0104, option 6 or toll free at 866-231-0003 Option 6.

Complete ALL applicable fields on this form. Handwritten information must be legible. Information will not be granted if the user information is incomplete or illegible when the form is submitted.

Please ensure the Administrator Signature line is signed by the owner or registered agent associated with the Kentucky Secretary of State.

This completed form, a copy of your driver's license or valid photo ID issued by the state must be submitted electronically at fax number 502-564-3464 or by email to: Access@ky.gov.

Alternatively, you may mail these documents to: Division of Child Care, 275 E. Main St, 3C-F, Frankfort, KY 40621, ATTN: CCAP Portal Administrator.

IMPORTANT: Please enlarge and lighten your driver's license before faxing it to make the image easier to read.

For questions or assistance, please call the help desk at (502) 564-0104, option 6 or toll free at 866-231-0003 Option 6.

SECTION 1: USER INFORMATION

REQUEST DATE: _____ KY DL/PHOTO ID NO. _____

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

EMAIL USED ON KOG: _____

PRIMARY PHONE: () _____ SECONDARY PHONE: () _____

ENTER NAME OF THE HEAD OF ORGANIZATION/OWNER: _____

BUSINESS NAME: _____ FAX NUMBER: _____

CERTIFIED, LICENSED OR REGISTRATION No. _____

If you have multiple centers, and need additional space to enter information, attach a separate piece of paper listing information for each center. The business name for each C.L.R is required.

BUSINESS MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____ COUNTY: _____

SECTION 2: KICCS PROVIDER PORTAL ACCOUNT USER AGREEMENT

By accepting this user agreement, I acknowledge that I have been made aware of my responsibilities to protect the confidentiality of the information in the KICCS Provider Portal Account. I am only permitted to use KICCS Provider Portal Account for the purpose of reporting child care activity for payment and/or filing Renewal and Provider Change Request applications online through CHFS in Kentucky. I acknowledge that I have been made aware that misuse of the information may potentially lead to penalties and/or system revocation.

As an authorized user, I agree to the following terms of use:

- I agree to make only authorized use of any information in the KICCS Provider Portal Account. I agree to not divulge the contents of any record except as permitted by state or federal law.
- I agree to not share any user name or password information. I acknowledge that I am responsible for any actions taken on the KICCS Provider Portal Account under my login name.
- I agree not to access the information contained in the KICCS Provider Portal Account other than for authorized business actions.
- I agree to terminate my access to the KICCS Provider Portal Account when my employment with the reporting entity ends or when my job responsibilities no longer require me to access KICCS Provider Portal Account.
- I agree to report any misuse of the information in the KICCS Provider Portal Account or violations of this agreement to the appropriate authorities.

Any misuse of the KICCS Provider Portal Account or its information may lead to temporary revocation of access privileges, permanent loss of access privileges or penalties under state and/or federal law.

SECTION 3: AUTHORIZATION SIGNATURE FOR ALL ACCOUNT REQUESTORS

I attest to the best of my knowledge that the information provided above is true, accurate, and complete and that I have read and agree to the KICCS Provider Portal Account user agreement terms within this document.

YOUR SIGNATURE HERE _____ DATE _____

Your Printed Name (must be legible): _____

YOUR ADMINISTRATOR SIGNATURE HERE (IF YOU ARE THE OWNER, HEAD OF ORGANIZATION, OR ADMIN, SIGN HERE AGAIN) _____ DATE _____

Your Administrator Printed Name (must be legible): _____

Section 4 is for the Division of Child Care/Division of Regulated Child Care staff only. Do not write below this line.

SECTION 4: AUTHORIZATION SIGNATURE(S) FOR CCAP ADMINISTRATORS ONLY

I certify that the job duties of the User requires access to the program(s) requested and that the access complies with appropriate use as specified in the KICCS Provider Portal Account User Agreement.
CCAP ADMINISTRATOR: _____ DATE: _____

Helpful Hint Page #1:

Instructions on how to complete the form, including [how and where to submit the completed document](#)

Helpful Hint Page #2:

Each user must set up their own account
Each user may have access to multiple accounts, simply attach a form with the license # of each center you need to access.

DO NOT SHARE USER ACCOUNTS

Helpful Hint Page #3:

Be sure the application is signed by the licensee or person authorized to sign documents. Attach a copy of your photo ID.

Hint: The agreement will be reviewed and approved. At that time you will receive an email confirming approval of your account.

YOU MUST OPEN THE EMAIL AND VALIDATE THE ACCOUNT!

Kentucky
Online Gateway

Help English

Gateway Log In

Login with your Kentucky Online Gateway Account.

Username or Email Address [Forgot Username?](#)

Password [Forgot Password?](#)

Log In

[Resend Account Verification Email](#)

Don't already have a
Kentucky Online Gateway Citizen Account?

Create An Account

WARNING
This website is the property of the Commonwealth of Kentucky. This is to notify you that you are only authorized to use this site, or any information accessed through this site, for its intended purpose. Unauthorized access or disclosure of personal and confidential information may be punishable by fines under state and federal law. Unauthorized access to this website or access in excess of your authorization may also be criminally punishable. The Commonwealth of Kentucky follows applicable federal and state guidelines to protect the information from misuse or unauthorized access.

Privacy | Disclaimer

Copyright ©2013 Commonwealth of Kentucky.
All Rights Reserved.

[State Employee Gateway Login](#)

Search for Applications ... Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

KARES

Fingerprint based background checks for job applicants

Launch

KICCS Provider Portal

A portal used by Child Care providers to submit billing.

Launch

After logging in to your KOG account – you will see this screen.

This link will take you to your home page.
Click: Launch

Users may have access to one or more licensed centers; i.e., some licensees own multiple child care centers. How many centers will you need to access?

Note:
Access
to CCAP
and ALL
STARS

Example: This user has access to three licensed child care centers

	Provider Name	CLB	Address	Type
Her	sburg	0	, Ky 40011	LICENSED TYPE I
Her		3	, Ky 40057	LICENSED TYPE I
Her	le	9	stle, Ky 40050	LICENSED TYPE I

To begin any process – click on the name of the center you need to access at this time. Then, using the drop down box in the center of the page, you can filter to choose which task you would like to complete; i.e., Plan of Correction.



The KICCS Portal Kentucky's Integrated Child Care System

Completing the Plan of Correction on the KICCS Portal



Home

Attention CCAP Providers

Civil Penalty (CP) payments can no longer be made on the KICCS Portal through a CCAP recoupment. All CP payments shall be made directly to the Division of Regulated Child Care. Recoupments submitted for a CP through the portal may be returned, which could lead to a loss or delay of CCAP benefits and/or denial of the facility's license. Any questions regarding CP Payments call the Division of Regulated Child Care at (502) 564-7962.

Assigned Providers

Provider Name	CLR	Address	Type
[REDACTED]	L35 [REDACTED]	8 [REDACTED] Louisville, Ky 40214	Licensed Type I
[REDACTED]	L37 [REDACTED]	4 [REDACTED] e, Ky 40241	Licensed Type I
[REDACTED] Academy	L38 [REDACTED]	2 [REDACTED] y 40208	Licensed Type I

Workbasket

Filter By:

Hint: Follow steps below to display your Plan of Correction Online. Check out the Workbasket.

The Drop Down Box in your Workbasket
Plan of Correction Due
Renewal Applicaton Due
CMP Payment Due

Filter the Drop Down Box to choose:
Plan of Correction Due

Your Workbasket will open and display all Plan of Corrections that are due at this time.

Oops....This Workbasket is empty

No Information Found

Kentucky.gov
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KENTUCKY INTEGRATED CHILD CARE SYSTEM

KICCS Provider Portal (Release 5.36.2)

KY Agencies | KY Service
Welcome, brummal.murphy@cit.ky.gov

Need HELP | About CHFS | Contact Us | My Account | Sign Out

Home

Attention CCAP Providers
Civil Penalty (CP) payments can no longer be made on the KICCS Portal through a CCAP recoupment. All CP payments shall be made directly to the Division of Regulated Child Care. Recoupments submitted for a CP through the portal may be returned, which could lead to a loss or delay of CCAP benefits and/or denial of the facility's license. Any questions regarding CP Payments call the Division of Regulated Child Care at (502) 564-7962.

Assigned Providers

Provider Name	CLR	Address	Type
S [REDACTED] Academy	L383 [REDACTED]	2 [REDACTED] Louisville, Ky 40208	Licensed Type I

Workbasket

Filter By: Plan of Corrections Due

No Information Found

Site Map | Privacy | Disclaimer | Individuals with Disabilities

Copyright © 2009 Commonwealth of Kentucky
All rights reserved

Hint: Once a survey has been completed it takes a few days for the Statement of Deficiencies to be written, reviewed and posted in the portal. If the Statement of Deficiencies has not been issued, the work basket will be empty. Check back tomorrow! If you are concerned there is a problem – call your regional DRCC Office.

Now we are ready to get started. When we filtered Plan of Correction, the Workbasket revealed POC #1. Hint: When a word or number is underlined, you can click on it to open the next screen.

[Home](#)

al through a CCAP recoupment. All CP payments shall be made directly to the Division of Regulated Child Care. Recoupments ad to a loss or delay of CCAP benefits and/or denial of the facility’s license. Any questions regarding CP Payments call the

Assigned Providers						
Provider Info	Provider Name	License #	Address	Type		
Renewal/Change App.	[Redacted]	L358	8 [Redacted] Louisville, Ky 40214	Licensed Type I		
	[Redacted]	L37	4 [Redacted] le, Ky 40241	Licensed Type I		
	[Redacted] Academy	L38	2 [Redacted] ky 40208	Licensed Type I		

Workbasket						
Filter By: Plan of Corrections Due						
POC No	Provider Name	CLR	Inspection Type	Due Date	POC Status	Previous POC Status
<u>1</u>	Jc [Redacted]	L358 [Redacted]	Renewal Application	6/6/2016	Requested	

#1 indicates this is the first time it has been issued

Name of Center

License #

Type of Inspection, i.e., renewal, complaint, change

POC must be submitted by the due date

Current Status; i.e., requested, complete

“REJECTED” – if previously submitted but unacceptable

Hint: Clicking on POC # 1 opened this screen. Remember, if it is underlined, it opens a screen.

Home

View/Process
BFS

Print PBFs

Print
Remittance

Provider
Info

Renewal/Change
App.

Plan Of Corrections

Provider Information

Provider Name: [REDACTED]
Provider Type: LICENSED TYPE I
Provider Address: [REDACTED] 214
Licensee(s): [REDACTED]

License No.: L3 [REDACTED]
Approved Capacity: 166

Director(s): C [REDACTED]

Inspection Information

Inspection No.: 2 [REDACTED]
Inspection Type: Renewal Application
Visit Start Date: 05/12/2016 10:01 AM
No. of Children Enrolled: 0

Visit End Date: 05/12/2016 2:22 PM
No. of Children Present: 70

Plan Of Corrections

Plan Of Corrections: 1
POC Due Date: 06/06/2016
POC Status: Requested

POC Received Date:
POC Status Date: 05/20/2016

Inspection Report

View Plan of Corrections Submit Plan of Corrections
Category: Select One View Category Items

Always open the Plan of
Corrections first to
review the deficiencies.



Hint: Scroll through the whole document to review and identify non compliance deficiencies. You can not type on this form.

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

Vickie Yates Brown Glisson
Secretary

Governor

Division of Regulated Child Care
Northern Enforcement Branch
908 W. Broadway, 10-W
Louisville, KY 40203
Phone: (502) 595-5781
Fax: (502) 595-5773
<http://chfs.ky.gov/os/oig>

John D. Inman
Acting Inspector General

Inspection Report

Provider Name: [REDACTED]	Provider Information	License No: L [REDACTED]
Provider Address: [REDACTED] ville, KY, 40214	Provider Type: LICENSED TYPE I	Capacity: 166
Owner(s): [REDACTED]		Director(s): [REDACTED]

Inspection Type: Renewal Application	Inspection Information
Visit Start Date: 05/12/2016 10:01 AM	Visit End Date: 05/12/2016 2:22 PM
	No. of Children Present: 70

Inspection Report	
Supervision	
5 - Children Supervised	In Compliance

922 KAR 2:120. Section 2. Child Care Services.
(3)(a) Each center shall maintain a child-care program that assures each child will be:

Inspection Report

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, the child care center director failed to assure compliance with regulatory requirements. Observation of the Four & Five-Year-Old Room revealed one (1) electrical outlet was not covered.

Plan of Corrections:

- 1) The specific action undertaken to correct a violation:
- 2) The date action was or is anticipated to be completed:
- 3) Action utilized to assure ongoing compliance:

Hint: As you review the document, make a note of deficiencies that must be corrected. You can not type on this form.

270 - Parent Notification

In Compliance

922 KAR 2:110. Section 4. Director Requirements and Responsibilities.

(1) Effective with the adoption of this administrative regulation, a director shall:

(m) Notify the parent immediately of an accident or incident requiring medical treatment of a child;

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, Review of Documentation, and Interview, the child care center director failed to assure compliance with regulatory requirements. Observation of the 2 Red Room revealed a staff member hired 2/18/15 was the sole caregiver of five (5) one-year-olds from 10:11am-11:01am. Review of staff files revealed the staff member hired

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.**

Hygienic Practices

595 - Child Personal Care/Handwashing

Not In Compliance

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

(4) A child shall:

- (a) Be helped with personal care and cleanliness based upon their developmental skills; and**
- (b) Wash his or her hands with liquid soap and warm running water:**
 - 1. a. Upon arrival at the center; or**
 - b. Within thirty (30) minutes of arrival for school-age children;**
 - 2. Before and after eating or handling food;**
 - 3. After toileting or diaper change;**
 - 4. After handling animals;**
 - 5. After wiping or blowing nose;**
 - 6. After touching items soiled with body fluids or wastes; and**
 - 7. After outdoor or indoor play time.**

Findings:

General: Based on Observation, the child care center failed to comply with hygienic practices in accordance with regulations. Observation of the 2 Red Room revealed a one-year-old's hands were not washed after a diaper change.

Plan of Corrections:

- 1) The specific action undertaken to correct a violation:**
- 2) The date action was or is anticipated to be completed:**
- 3) Action utilized to assure ongoing compliance:**

Next Step: After reviewing the entire document, close this screen and return to the previous screen.
No need to print the document, yet.

Home

[View/Process
BFFs](#)

[Print PBFs](#)

**Print
Remittance**

**Provider
Info**

[Renewal/Change
App.](#)

Plan Of Corrections

Provider Information

Provider Name: [REDACTED]
Provider Type: LICENSED TYPE I
Provider Address: [REDACTED] ad, Louisville, KY, 40214
Licensee(s): [REDACTED]

License No.: L3 [REDACTED]
Approved Capacity: 166
Director(s): [REDACTED]

Inspection Information

Inspection No.: [REDACTED]9
Inspection Type: Renewal Application
Visit Start Date: 05/12/2016 10:01 AM
No. of Children Enrolled: 0

Visit End Date: 05/12/2016 2:22 PM
No. of Children Present: 70

Plan Of Corrections

Plan Of Corrections: 1
POC Due Date: 06/06/2016
POC Status: Requested

POC Received Date:
POC Status Date: 05/20/2016

Inspection Report

[View Plan of Corrections](#)

[Submit Plan of Corrections](#)

Category:

[View Category Items](#)

Once you have viewed the entire Statement of Deficiencies, you will complete one category at a time.

CATEGORIES

Hint: This is a complete list of categories for licensed centers and certified homes.

We included the name of each category and the range of regulation #'s associated with each category.

For example: licensed Animals category includes regulation # 1175, #1180 and #1185.

On the next screen in our presentation you will learn how to open each category so you can make the correction

- **License**

- Animals #1175- #1185
- Children's Records #1070 - #1080
- Director Requirements #235 - #295
- Employee Records #300- #345
- Equipment #710 - #770
- First Aid/Medication #655 - #670
- Food Service #910 - #1065
- General Administration #60 - #230
- Hygienic Practices #595 - #650
- Outdoor Play Area #675 - #705
- Posted Documentation #1150 - #1170
- Premises #460 - #590
- Programming #350 - #455
- Staff Requirements #30 - #55
- Supervision #5 - #25
- Transportation #775 - #905
- Written Documentation #1085 - #1145

- **Certified**

- Animals #685
- Children's Records #590-605
- Equipment #420- - #450
- First Aid/Medication #380 - #405
- Food Service #500 - #585
- General Administration #15 - #90
- Hygienic Practices #330 - #375
- Outdoor Play Area #410 - #415
- Posted Documentation #665 - #680 and #690
- Premises #220 - #325
- Programming #170 - #215
- Provider Requirements #95 - #165
- Supervision #5 - #10
- Transportation #455 - #490 and #700 - #720
- Written Documentation #610 - #660



- [Home](#)
- [View/Process PBFs](#)
- [Print PBFs](#)
- [Print Remittance](#)
- [Provider Info](#)
- [Renewal/Change App.](#)

Plan Of Corrections

Provider Information

Provider Name: [REDACTED] **License No.:** L35[REDACTED]
Provider Type: LICENSED TYPE I **Approved Capacity:** 166
Provider Address: [REDACTED]sville, KY, 40214 **Director(s):** [REDACTED]
Licensee(s): [REDACTED]

Inspection Information

Inspection No.: [REDACTED] **Visit End Date:** 05/12/2016 2:22 PM
Inspection Type: Renewal Application **No. of Children Present:** 70
Visit Start Date: 05/12/2016 10:01 AM
No. of Children Enrolled: 0

Plan Of Corrections

Plan Of Corrections: 1 **POC Received Date:**
POC Due Date: 06/06/2016 **POC Status Date:** 05/20/2016
POC Status: Requested

Inspection Report

[View Plan of Corrections](#) [Submit Plan of Corrections](#)
Category: [Director Requirements](#) [View Category Items](#)

Step #1: Select the category from the drop down box
Step #2: Click on the "view category items" box.

- Home
- View/Process PBFs
- Print PBFs
- Print Remittance
- Provider Info
- Renewal/Change PPF

Plan Of Corrections

Provider Information

Provider Name: [REDACTED]
Provider Type: LICENSED TYPE I
Provider Address: [REDACTED] d, Louisville, KY, 40214
Licensee(s): [REDACTED]

License No.: L355 [REDACTED]
Approved Capacity: 166

Director(s): [REDACTED]

Inspection Information

Inspection No.: [REDACTED]
Inspection Type: Renewal Application
Visit Start Date: 05/12/2016 10:01 AM
No. of Children Enrolled: 0

Visit End Date: 05/12/2016 2:22 PM
No. of Children Present: 70

Plan Of Corrections

Plan Of Corrections: 1
POC Due Date: 06/06/2016
POC Status: Requested

POC Received Date:
POC Status Date: 05/20/2016

Inspection Report

[View Plan of Corrections](#)

[Submit Plan of Corrections](#)

Category: Director Requirements

[View Category Items](#)

Reg No.	Regulation Title	Regulation Subtitle	Result	POC Completed
235	Operation instruction/Regulation copy		C	N/A
245	Regulatory Compliance/Staff in Charge		C	N/A
250	Staff Management/Policy Development/Supervision		C	N/A
255	Staff Meeting		C	N/A
260	Staff Evaluation		C	N/A
265	Health, Safety, Comfort		NC	Not Completed
270	Parent Notification		C	N/A
275	Caregiver Alone		NC	Not Completed
280	Altered/Falsified Records		C	N/A
285	Parental/Family Involvement Activity		C	N/A

NC means not in compliance and
 Not Completed means we need to
 submit a response

To begin, click on NC and a new
 screen will open.

Inspection Report

View Plan of Corrections

Submit Plan of Corrections

Category: Director Requirements

View Category Items

Reg No.	Regulation Title	Regulation Subtitle	Result	POC Completed
235	Operation instruction/Regulation copy		C	N/A
245	Regulatory Compliance/Staff in Charge		C	N/A
250	Staff Management/Policy Development/Supervision		C	N/A
255	Staff Meeting		C	N/A
260	Staff Evaluation		C	N/A
265	Health, Safety, Comfort		NC	Not Completed
270	Parent Notification		C	N/A
275	Caregiver Alone		NC	Not Completed
280	Altered/Falsified Records			
285	Parental/Family Involvement Activity			

1) Why was this regulation cited?



Findings: General: Based on Observation, the child care center director failed to assure compliance with regulator... Observation of the Four & Five-Year-Old Room revealed one (1) electrical outlet was not covered.

Hint: You can type your response in the box. Be sure to click on SAVE CORRECTION when you have completed the 3 boxes.

2) What was done to make the correction? Not why it happened!



1) The specific action undertaken to correct a violation :

3) Some corrections must be made immediately. All completion dates must be prior to expiration of license.



2) The date action was or is anticipated to be completed:

3) Action utilized to assure ongoing compliance:

4) Be sure to indicate who will assure correction is implemented in the future and/or how you will assure the correction is implemented in the future.



Save Correction

Cancel Correction

Plan Of Corrections

Hint: Be sure to complete all NC Regulations before closing this category.

Provider Name: [REDACTED]
Provider Type: LICENSED TYPE I
Provider Address: [REDACTED] 40214
Licensee(s): [REDACTED]

License No.: L355 [REDACTED]
Approved Capacity: 166
Director(s): [REDACTED]

Inspection No.: [REDACTED]
Inspection Type: Renewal Application
Visit Start Date: 05/12/2016 10:01 AM
Visit End Date: 05/12/2016 2:22 PM
No. of Children Enrolled: 0
No. of Children Present: 70

Plan Of Corrections

Plan Of Corrections: 1
POC Due Date: 06/06/2016
POC Status: Requested
POC Received Date:
POC Status Date: 05/20/2016

Inspection Report

View Plan of Corrections

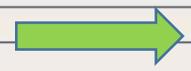
Submit Plan of Corrections

Category: Director Requirements

View Category Items

Reg No.	Regulation Title	Regulation Subtitle	Result	POC Completed
235	Operation instruction/Regulation copy		C	N/A
245	Regulatory Compliance/Staff in Charge		C	N/A
250	Staff Management/Policy Development/Supervision		C	N/A
255	Staff Meeting		C	N/A
260	Staff Evaluation		C	N/A
265	Health, Safety, Comfort		NC	Completed
270	Parent Notification		C	N/A
275	Caregiver Alone		NC	Not Completed
280	Altered/Falsified Records		C	N/A
285	Parental/Family Involvement Activity		C	N/A

Once you have SAVED your response the screen will reflect that the response is COMPLETED. Repeat steps until all deficiencies on this screen are COMPLETED.



- [Home](#)
- [View/Process BFs](#)
- [Print PBFs](#)
- [Print Remittance](#)
- [Provider Info](#)
- [Renewal/Change App.](#)

Plan Of Corrections

Provider Information

Provider Name: [REDACTED]	License No.: [REDACTED]
Provider Type: LICENSED TYPE I	Approved Capacity: 166
Provider Address: [REDACTED] d, Louisville, KY, 40214	Director(s): [REDACTED]
Licensee(s): [REDACTED] c.	

Inspection Information

Inspection No.: [REDACTED]	
Inspection Type: Renewal	
Visit Start Date: 05/20/2016 2:22 PM	
No. of Children Enrolled: 0	

Then, select Your Next Category and repeat the steps to provide responses. Let's choose hygienic practices as our next category.

Plan Of Corrections

Plan Of Corrections: 1	POC Received Date:
POC Due Date: 06/06/2016	POC Status Date: 05/20/2016
POC Status: Requested	

Inspection Report

[View Plan of Corrections](#) [Submit Plan of Corrections](#)

Category: [View Category Items](#)

Repeat the steps to provide responses. Open each Reg No. that is NC and complete the Plan of Correction for that deficiency.

Plan Of Corrections

License No.: L3 [REDACTED]
 Approved Capacity: 166
 Director(s): [REDACTED]

Licensee(s): Jo [REDACTED], 40214

Print Remittance
 Provider Info
 Renewal/Change App.

Inspection Information

Inspection No.: 2 [REDACTED]
 Inspection Type: Renewal Application
 Visit Start Date: 05/12/2016 10:01 AM
 Visit End Date: 05/12/2016 2:22 PM
 No. of Children Enrolled: 0
 No. of Children Present: 70

Plan Of Corrections

Plan Of Corrections: 1
 POC Due Date: 06/06/2016
 POC Status: Requested
 POC Received Date:
 POC Status Date: 05/20/2016

Inspection Report

[View Plan of Corrections](#) [Submit Plan of Corrections](#)

Category: Hygienic Practices

[View Category Items](#)

Reg No.	Regulation Title	Regulation Subtitle	Result	POC Completed
595	Child Personal Care/Handwashing		NC	Not Completed
600	Staff Hygiene/Handwashing		NC	Not Completed
610	Diapers/Clean Clothing Supply		C	N/A
615	Training Chair		C	N/A
620	Soiled Diapers/Clothing		C	N/A
625	Diaper Changing Area/Surface		C	N/A
630	Wipes		C	N/A
635	Diapering Practice		NC	Not Completed
640	Children's Individual Items		C	N/A

Select One: Hygienic Practices
 View Category Items

Hint: Repeat the steps for each deficiency in each category.

Click on NC, provide the response and SAVE CORRECTION.

Plan Of Corrections

Provider Name: [REDACTED]
Provider Type: LICENSED TYPE I
Provider Address: [REDACTED] Louisville, KY, 40214
Licensee(s): [REDACTED]

License No.: L3 [REDACTED]
Approved Capacity: 166
Director(s) [REDACTED] e

Inspection Information

Inspection No.: 2 [REDACTED]
Inspection Type: Renewal Application
Visit Start Date: 05/12/2016 10:01 AM
Visit End Date: 05/12/2016 2:22 PM
No. of Children Enrolled: 0
No. of Children Present: 70

Plan Of Corrections

Plan Of Corrections: 1
POC Due Date: 06/06/2016
POC Status: Requested
POC Received Date
POC Status Date

Hint: There are three NC (non-compliance) deficiencies to be completed in this category.

Inspection Report

View Plan of Corrections

Submit Plan of Corrections

Category: Hygienic Practices

View Category Items

Reg No.	Regulation Title	Regulation Subtitle	Result	POC Completed
595	Child Personal Care/Handwashing		NC	Not Completed
600	Staff Hygiene/Handwashing		NC	Not Completed
610	Diapers/Clean Clothing Supply		C	N/A
615	Training Chair		C	N/A
620	Soiled Diapers/Clothing		C	N/A
625	Diaper Changing Area/Surface		C	N/A
630	Wipes		C	N/A
635	Diapering Practice		NC	Not Completed
640	Children's Individual Items		C	N/A

View Plan of Corrections

Submit Plan of Corrections

Category: Hygienic Practices

View Category Items

Reg No.	Regulation Title	Regulation Subtitle	Result	POC Completed
595	Child Personal Care/Handwashing		NC	Not Completed
500	Staff Hygiene/Handwashing		NC	Not Completed
510	Diapers/Clean Clothing Supply		C	N/A
515	Training Chair		C	N/A
520	Soiled Diapers/Clothing		C	N/A
525	Diaper Changing Area/Surface		C	N/A
530	Wipes		C	N/A
535	Diapering Practice		NC	Not Completed
540	Children's Individual Items		C	N/A

1) Why was this regulation cited?



Findings: General: Based on Observation, the child care center failed to comply with hygienic practices in accordance with regulations. Observation of the 2 Red Room revealed a one-year-old's hands were not washed after a diaper change.

2) What was done to make the correction? Not why it happened!



1) The specific action undertaken to correct a violation :

Hint: You can type your response in the box. Be sure to click on SAVE CORRECTION when you have completed the 3 boxes.

3) Some corrections must be made immediately. All completion dates must be prior to expiration of license.



2) The date action was or is anticipated to be completed:

3) Action utilized to assure ongoing compliance:

4) Be sure to indicate who will assure correction is implemented in the future; and/or how you will assure the correction is implemented in the future



Save Correction

Cancel Correction

Plan Of Corrections

- [Home](#)
- [View/Process PBFs](#)
- [Print PBFs](#)
- [Print Remittance](#)
- [Provider Info](#)
- [Renewal/Change Pp.](#)

Provider Information

Provider Name: [REDACTED] License No.: L355 [REDACTED]
 Provider Type: LICENSED TYPE I Approved Capacity: 166
 Provider Address: [REDACTED] Louisville, KY, 40214 Director(s): [REDACTED]
 Licensee(s): [REDACTED]

Inspection Information

Inspection No.: 215379
 Inspection Type: Renewal Application
 Visit Start Date: 05/12/2016 2:22 PM
 No. of Children Enrolled: 70

Plan Of Corrections

Plan Of Correction [REDACTED]
 POC Due Date: 05/20/2016
 POC Status [REDACTED]

Inspection Report

Category [REDACTED]

Hint: As you complete each response, click SAVE CORRECTION.

If you must leave this project and return later, all work will be saved and you will be able to resume writing your Plan of Correction.

Reg No.	Category	Result	POC Completed
595	Child Personal Care/Handwashing	NC	Completed
600	Staff Hygiene/Handwashing	NC	Not Completed
610	Diapers/Clean Clothing Supply	C	N/A
615	Training Chair	C	N/A
620	Soiled Diapers/Clothing	C	N/A
625	Diaper Changing Area/Surface	C	N/A
630	Wipes	C	N/A
635	Diapering Practice	NC	Not Completed
640	Children's Individual Items	C	N/A

Plan Of Corrections

Provider Information

Provider Name: [REDACTED]
Provider Type: LICENSED TYPE I
Provider Address: [REDACTED]
Licensee(s): [REDACTED]

License No.: L35 [REDACTED]
Approved Capacity: 166
Director(s): [REDACTED]

When all categories are COMPLETE, open the Plan of Corrections to review the deficiencies to assure it is ready to submit.

Inspection Information

Inspection No.: [REDACTED]
Inspection Type: Renewal App
Visit Start Date: 05/12/2016 10:00 AM
No. of Children Enrolled: 0

Visit End Date: 05/12/2016 2:22 PM
No. of Children Present: 70

Plan Of Corrections

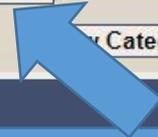
Plan Of Corrections: 1
POC Due Date: 06/06/2016
POC Status: Requested

POC Received Date:
POC Status Date: 05/20/2016



Inspection Report

Category:



Hint: Once you Submit the Plan of Correction you are no longer able to access this document. DO NOT SUBMIT THE PLAN YET. See next slides.....

Inspection Report.pdf_fileName=Inspection Report.pdf_fileName=Inspection R
File Edit View Window Help

Open | [Icons] | Tools | Fill & Sign | Comment

340 - Training **Not In Compliance**

922 KAR 2:110. Section 5. Staff Requirements.
(14) In accordance with KRS 199.896(15) and 199.896(16), a caregiver must complete the following:
(a) Six (6) hours of cabinet-approved orientation training;
(b) Nine (9) hours of cabinet-approved early care and education training, 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, 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, a caregiver hired on 4/25/14, lacked six and a half (6 1/2) hours of training during her first year of employment. Also, a caregiver hired on 4/30/13, lacked seven and a half (7 1/2) hours of training during her subsequent year of employment.

Plan of Corrections: Accepted

1) The specific action undertaken to correct a violation:
Director will meet with caregivers to educate on mandatory 15 hours due to be completed before Anniversary hire of date. Director will assure all employees are familiar with ETRIS.

2) The date action was or is anticipated to be completed:
07/10/15

3) Action utilized to assure ongoing compliance:
Director will set individual goals to have the hours completed this will help caregivers to have hours completed by Anniversary date.

Programming

350 - Program of Activities Followed

922 KAR 2:120. Section 2. Child Care Services.
(4) The child-care center shall provide a daily planned program:
(a) Posted in writing in a conspicuous location with each age group and followed;
(b) Of activities that are individualized and developmentally appropriate for each child served;
(c) That provides experience to promote the individual child's physical, emotional, social, and intellectual growth;
(d) That offers a variety of creative activities including the following:
1. Art;
2. Music;
3. Dramatic play;
4. Stories and books;
5. Science;
6. Block building;
7. Tactile activity;
8. Culture;
9. Indoor or outdoor play in which a child makes use of both small and large muscles;
10. A balance of active and quiet play, including group and individual activity;
11. An opportunity for a child to:

Start | [Icons] | 11:01 AM 11/30/2015

Important: If you are happy with the responses you provided, print the Plan of Correction before you close the screen.
(Almost Done!)

Hint: If you are unhappy with the response you provided, close the screen and return to the category to make the correction to your response. If you go back and make a change, don't forget to SAVE!

- Home
- View/Process
- Forms
- Print PBFs
- Print
emittance
- Provider
info
- Renewal/Change
app.

Plan Of Corrections

Provider Information

Provider Name: [REDACTED]
Provider Type: LICENSED TYPE I
Provider Address: [REDACTED] Louisville, KY, 40214
Licensee(s): [REDACTED] Inc.

Hint: When you have successfully provided a response to all NC Regulations, the Submit Plan of Correction button is ready for use. Once you Submit the Plan of Correction you are no longer able to access this document.

Inspection Information

Inspection No.: [REDACTED] P
Inspection Type: Renewal Application
Visit Start Date: 05/12/2016 10:01 AM
No. of Children Enrolled: 0

Visit End Date: 05/12/2016 2:22 PM
No. of Children Present: 70

Plan Of Corrections

Plan Of Corrections: 1
POC Due Date: 06/06/2016
POC Status: Requested

POC Received Date:
POC Status Date: 05/20/2016

Inspection Report

[View Plan of Corrections](#)

[Submit Plan of Correction](#)

[View Category Items](#)

STOP!!!!
Did you PRINT A COPY OF THE PLAN OF CORRECTION? After your Plan has printed, click SUBMIT PLAN OF CORRECTION.

WHAT HAPPENS NEXT?

Did you forget to print a copy of the Plan of Correction? Contact Central Office in Frankfort to obtain a copy through Open Records (502) 564-7962.

- The submitted Plan of Correction is reviewed at your regional DRCC Office.
- If acceptable, you will receive a letter stating that the Plan was received and accepted
- If the submitted Plan of Correction (POC) fails to meet the minimum regulatory requirement, the Plan will be rejected and will appear in your Workbasket POC #2, Rejected.
- Contact your regional DRCC office if you have questions about the status of a Plan of Correction.
- Does the POC require copies of forms/documents; i.e., completed background checks?

WRITE YOUR LICENSE # ON EVERY DOCUMENT YOU SEND.

Fax or scan to:

See contact information for each DRCC
Regional Office on next screen (Slide #45)

To submit required documents to complete POC

Need To Contact DRCC?

- Check on status of Statement of Deficiencies, submission or results?
 - Need to submit additional documents with your Plan?
1. Be sure to include a cover sheet with name and license # of center
 2. Write the name of business and License # on every page you scan or fax
 3. Submit documents by scan or fax to your regional office:

Western Enforcement Branch – Hopkinsville

Phyllis.Aldridge@ky.gov

Phone #: (270) 889-6052

Fax To: (270) 889-6089

Northern Enforcement Branch - Louisville

Valerie.green@ky.gov

Phone #: 502-595-5781

Fax To: 502-595-5773

Eastern Enforcement Branch – Lexington

Daynam.hayes@ky.gov

Phone #: (859) 246-2301

Fax To: (859) 246- 2768

Southern Enforcement Branch – London

Tammie.dozier@ky.gov

Phone #: (606) 330-2030

Fax To: (606) 330-2056

Hint: Rejected Plan of Corrections will be returned to your Workbasket. It's a good idea to check your workbasket every 4 or 5 days, just in case!

Workbasket

Filter By: Plan of Corrections Due

<u>POC No</u>	<u>Provider Name</u>	<u>CLR</u>	<u>Inspection Type</u>	<u>Due Date</u>	<u>POC Status</u>	<u>Previous POC Status</u>
2		L3	Change of Space/Change in Capacity	10/4/2013	Requested	Rejected

POC #2 is the second version of this same Plan of Correction

The status is Rejected

Rejected: Plan of Correction Details

The rejected Plan of Correction contains only categories and deficiencies that were not acceptable.

Note: coaching tip to help you determine what was needed.

Be sure to SAVE the correction

Plan of Corrections Details

1) The specific action undertaken to correct a violation :
Provider Response

Item 1: Reason for Non-Acceptance

2) The date action was or is anticipated to be completed:
9/26/2013

Item 2: Reason for Non-Acceptance

3) Action utilized to assure ongoing compliance:
Provider Response

Item 3: Reason for Non-Acceptance
More detail needed

Save Correction Cancel Correction

- Home
- View/Process PBFs
- Print PBFs
- Print Remittance
- Provider Info
- Renewal/Change

Plan Of Corrections

Provider Information

Provider Name: [REDACTED]
 Provider Type: LICENSED TYPE I
 Provider Address: [REDACTED] Street
 Licensee(s): [REDACTED] Inc.

Hint: When you have successfully provided a response to all Rejected Responses, Submit Plan of Correction is available for use.

License No.: L35 [REDACTED]
 Capacity: 166
 Director(s): [REDACTED]

Inspection Information

Inspection No.: [REDACTED] 9

Visit End Date: 05/12/2016 2:22 PM
 No. of Children Present: 70

STOP!!!!
 PRINT A COPY OF THE REVISED PLAN OF CORRECTION! Once your Plan has printed, click SUBMIT PLAN OF CORRECTION.

POC Received Date:
 POC Status Date: 05/20/2016

Inspection Report

View Plan of Corrections

Submit Plan of Correction

Category:

View Category Items

Hint: Once you Submit the Revised Plan of Correction you are no longer able to access this document.

Be sure to post for review the corrected Plan (POC #2) along with your original Plan (POC #1).

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.*

Did you forget to print a copy of the Plan of Correction? Contact Central Office in Frankfort to obtain a copy through Open Records (502) 564-7962.

Contact us

Signing Out of Kentucky Online Gateway

Please wait for this page to finish loading before closing your browser windows.
For greatest security, please close all open internet browser windows.

REMINDER

Each User must sign off.

Do not leave your account open and accessible to others.

IMPORTANT

If the employment status of a "User" changes, cancel their account immediately!
To cancel - the Licensee or authorized signee must send written notification to:
portal.access@ky.gov

Who Do You Call For Help?



Child Care
Aware Health
and Safety
Coaches are
available
statewide to
provide
technical
assistance

Region	Health & Safety Coach	Phone Number	Health & Safety Specialist	Counties Served
The Lakes	Lisa Marshall lisa_marshall@uky.edu	270-534-3173		Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, McCracken & Marshall
The Lakes	Lou Ann Worthington la_worthington@uky.edu	931-801-5091		Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon Muhlenberg, Todd & Trigg
Two Rivers	Emily Coulter Emily.Coulter@uky.edu	270-901-1173		Allen, Barren, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson & Warren
Two Rivers	Tracy Sizemore tracy_marshall@uky.edu	270-831-9816		Butler, Daviess, Hancock, Henderson, McLean, Ohio, Union & Webster
Salt River Region	Alice Brewer Alice.Brewer@uky.edu	270-706-8418		Breckinridge, Bullitt, Grayson, Hardin, Larue, Marion, Meade, Nelson & Washington
Salt River Region			Brummal Murphy Brummal.murphy@uky.edu 502-876-9267	Anderson, Bullitt, Franklin, Henry, Oldham, Shelby, Spencer, Trimble & Woodford
Jefferson	Carey Starr carey_starr@uky.edu	502 213-4033 ext. 3		Jefferson GSCC for all licensed centers in Jefferson
Jefferson	Torri Kiefer Klain torri_klain@uky.edu	502 213-4033 ext. 2		Jefferson GSCC for all certified family child care homes in Jefferson
Jefferson	Nikki Rhodes Nikki.Rhodes@uky.edu	502 213-4033 ext. 4		Jefferson
Jefferson	Holly Norsworthy holly_norsworthy@uky.edu	502 213-4033 ext. 5		Jefferson
Northern Bluegrass	Stefani Whaley Stefani.Whaley@uky.edu	859-246-6336		Bourbon, Carrol, Gallatin, Grant, Harrison, Nicholas, Owen, Pendleton, Scott Counties (For Campbell, Kenton and Boone Counties: all Type II and Certified Providers only)
Northern Bluegrass	Stephanie Hirschl Stephanie.Hirschl@uky.edu	859-442-4125		Campbell, Kenton, Boone Counties (Type I Providers only) (Stefani Whaley does all certified providers and all Type II)
Eastern Mountain	Holly Grass holly_grass@uky.edu	606-264-1815		Bath, Boyd, Bracken, Carter, Fleming, Greenup, Lewis, Mason, Montgomery, Robertson & Rowan
Eastern Mountain	Pat Hites patricia_hites@uky.edu	606-434-1801		Elliot, Floyd, Johnson, Lawrence, Magoffin, Martin, & Pike
Eastern Mountain	Brenda Hunter brenda.hunter@uky.edu	606-477-9944		Breathitt, Knott, Lee, Leslie, Letcher, Menifee, Morgan, Owsley, Perry & Wolfe
Cumberland	Rachael Corriveau rachael.corriveau@uky.edu	606-677- 8322		Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, & Wayne
Cumberland	Michelle Lowe michelle.lowe@uky.edu	606-878-4972		Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle & Whitley
Southern Bluegrass	Linda Fowles linda.fowles@uky.edu	859-246-6481		Boyle, Estill, Fayette, Garrard, Lincoln, Madison, & Powell (Fayette - 40502, 40505, 40508, 40509, 40511 & 40516)
Southern Bluegrass	Darlene Kisler darlene.kisler@uky.edu	859-246-6954		Fayette, Clark, Jessamine & Mercer (Fayette - 40503, 40504, 40506, 40507, 40510, 40513, 40515 & 40517)

Who Do You Call For Help?

For KICCS system and technical issues:

KICCS Portal Help Desk

Phone:

(866) 231-0003, Option 6 (toll free)

(866) 231-0023 Option 6 (toll free)

(502) 564-0104, Option 6 (in Frankfort)

KICCS Portal Help Desk Email:

CHFS.KICCSHelpDesk@ky.gov

For questions on access approval or to remove a user from the account:

portal.access@ky.gov

(502) 564-2524 ext. 3771