



Andy Beshear
GOVERNOR

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

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SECRETARY

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Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Ashland Independent Child Care	Provider Information	CLR No: L356125
Provider Address: 2208 Diniaco Drive, Ashland, KY, 41101	Provider Type: LICENSED TYPE I	Capacity: 211
Owner(s): Ashland Board Of Education		Director(s): Reliford, Connie Sue

Inspection Type: Renewal Application	Inspection Information	Inspection No: 242997
Date Initiated: 01/25/2018 10:25 AM	Date Concluded: 01/25/2018 11:30 AM	
	No. of Children Present: 4	

Inspection Report		
Supervision		In Compliance
Staffing Requirements		In Compliance
General Administration		In Compliance
Director Requirements		In Compliance
Employee Records		Not In Compliance
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, staff hired on 03/24/08 did not have documentation on file from a health care professional stating that she was free of active tuberculosis.		
Programming		In Compliance
Premises		In Compliance
Hygienic Practices		In Compliance
First Aid/Medication		In Compliance
Outdoor Play Area		In Compliance
Equipment		In Compliance
Transportation		In Compliance
Food Service		In Compliance

Inspection Report		
Children's Records		Not In Compliance
1075 - Enrollment Information		Not In Compliance
<p>922 KAR 2:110. Section 3. Records.</p> <p>(1) A child-care center shall maintain:</p> <p>(b) A written record for each child:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> (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: <ol style="list-style-type: none"> (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; 		
<p>Findings:</p> <p>General: Based on Review of Documentation, child enrolled on 08/13/17 did not have documentation of a preferred hospital on file. Two (2) children enrolled on 08/21/12 did not have physician's contact information on file.</p>		
Written Documentation		In Compliance
Posted Documentation		In Compliance
Animals		In Compliance

Signature of Provider/Representative

Title

Date