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GOVERNOR

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Inspection Report

Provider Name: Christian Childcare Center	Provider Information	CLR No: L359144
Provider Address: 810 Whitnell Avenue, Murray, KY, 42071	Provider Type: LICENSED TYPE I	Capacity: 38
Owner(s): Renfroe, Elsie Helen		Director(s): Baranovic, Miroslava Marinova

Inspection Type: Investigation	Inspection Information	Inspection No: 218898
Date Initiated: 03/07/2017 10:15 AM	Date Concluded: 03/13/2017 10:30 AM	
	No. of Children Present:	

Inspection Report	
General Administration	In Compliance
Children's Records	Not In Compliance
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, a child enrolled on 12/29/16, did not include contact information for the family physician in the child's enrollment information.

Signature of Provider/Representative

Title

Date