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CABINET FOR HEALTH AND FAMILY SERVICES OFFICE OF INSPECTOR GENERAL

Andy Beshear Governor

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Eric C. Friedlander
Secretary

Adam Mather Inspector General

Inspection Report

Provider Name: Holding Hands Montessori School
Provider Address: 106 Estridge Court, Berea, KY, 40403

Owner(s): Holding Hands Montessori School, Llc

Provider Information
Provider Type: LICENSED TYPE I

Capacity: 36

CLR No: L377609

Inspection No: 219261

Director(s): Roop, Angelica Schuyler

Inspection Information

Inspection Type: Renewal Application

Date Initiated: 03/29/2017 11:55 AM

Date Concluded: 03/29/2017 1:30 PM

No. of Children Present: 16

Inspection Report

Supervision In Compliance **Staffing Requirements** In Compliance **General Administration** In Compliance **Director Requirements** In Compliance **Employee Records** In Compliance **Programming** In Compliance **Premises** In Compliance **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, the surveyor found the following:

- 1. A child's (DOE: 5/17/16) file contained an immunization certificate that is no longer current as of 2/28/17.
- 2. A child's (DOE: 5/18/16) file did not contain a current immunization certificate.

In an interview with the director, the surveyor was informed that updated immunization certificates have been requested from the children's parents.

Written Documentation

Posted Documentation

In Compliance

In Compliance

Inspection Report	
Animals	In Compliance

Signature of Provider/Representative

Title

Date