



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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Inspection Report

Provider Name: Heartstrings Montessori of First Christian Church Versailles	Provider Information Provider Type: LICENSED TYPE I	CLR No: L383141
Provider Address: 160 Lexington Street, Versailles, KY, 40383		Capacity: 35
Owner(s): First Christian Church Versailles, Ky		Director(s): Lynn, Jennifer Elise

Inspection Type: Renewal Application	Inspection Information	Inspection No: 247064
Date Initiated: 01/03/2019 9:45 AM	Date Concluded: 01/03/2019 12:00 PM	
	No. of Children Present: 13	

Inspection Report	
Background Checks	In Compliance
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/Food Program	In Compliance
Food Service	In Compliance
Children's Records	Not In Compliance
1135 - Immunization	Not In Compliance
<p>922 KAR 2:090. Section 9. 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;</p>	
Findings:	
<p>General: Based on review of documentation, it was determined that two (2) files reviewed did not contain current immunization records. A child with a date of enrollment of 08/05/2018, had an immunization record on file which was dated 12/28/2018. A child with a date of enrollment of 08/08/2018, had an immunization record on file which was dated 12/27/2018. The director stated she was aware of the records and would address the matter.</p>	
Written Documentation	In Compliance

Inspection Report

Posted Documentation

In Compliance

Animals

In Compliance

Signature of Provider/Representative

Title

Date