



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

Andy Beshear
Governor

Melissa A. Moore, Director
Division of Regulated Child Care
Eastern Branch
1055 Wellington Way
Lexington, KY 40513
Phone: (859) 246-2301 Fax: (859) 246-2307
<https://chfs.ky.gov/agencies/os/oig>

Eric C. Friedlander
Secretary

Adam Mather
Inspector General

Inspection Report

Provider Name: Rainbow Child Care Center	Provider Information	CLR No: L383214
Provider Address: 1515 Sleepy Hollow Road, Ft. Wright, KY, 41011	Provider Type: LICENSED TYPE I	Capacity: 141
Owner(s): Ree Midwest, Inc.		Director(s): Gentile, Melissa Ann

Inspection Type: Investigation	Inspection Information	Inspection No: 218582
Date Initiated: 01/26/2017 3:00 PM	Date Concluded: 01/26/2017 3:30 PM	
No. of Children Present:		

Inspection Report	
General Administration	In Compliance
Director Requirements	In Compliance
Employee Records	Not In Compliance
325 - CPR/First Aid Coverage	Not In Compliance

922 KAR 2:110. Section 5. Staff Requirements.
(3) For a child-care center licensed for infant, toddler, or preschool-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:
(a) Infant and child cardiopulmonary resuscitation; and
(b) Infant and child first aid.
(4) For a child-care center licensed for school-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:
(a) Adult cardiopulmonary resuscitation; and
(b) First aid.

Findings:

General: Based on Review of Documentation, it was found that the card submitted as evidence of an employee having first aid and cardiopulmonary resuscitation (CPR) certification was actually only evidence of the employee having current CPR certification. The director stated that she did not have documentation stating that the employee was currently certified in first aid. She also stated that this employee was the only person present in the facility at time of the incident who would have had first aid and CPR.

Signature of
Provider/Representative

Title

Date