



Andy Beshear
GOVERNOR

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

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Eric Friedlander
SECRETARY

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Union County Childcare Center	Provider Information	CLR No: L383457
Provider Address: 4464 Us Hwy 60 W, Morganfield, KY, 42437	Provider Type: LICENSED TYPE I	Capacity: 20
Owner(s): Union County Board Of Education		Director(s): Martin, Marvin Jeff

Inspection Type: Renewal Application	Inspection Information	Inspection No: 305700
Date Initiated: 01/07/2021 10:00 AM	Date Concluded: 01/07/2021 12:55 PM	
	No. of Children Present: 11	

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		In Compliance
Food Service/Food Program		In Compliance
Food Service		In Compliance
Children's Records		In Compliance
Written Documentation		In Compliance
Posted Documentation		In Compliance
Animals		Not Applicable

Inspection Report**Emergency Regulation****Not In Compliance****1260 - Emergency Regulation****Not In Compliance****922 KAR 2:410E. Emergency Regulation.**

Due to the current declared public health emergency caused by the Novel Coronavirus Disease (COVID-19), licensed child care centers must operate under Centers for Disease Control and Prevention and public health guidelines, as mandated by 922 KAR 2:410E, to prevent the spread of COVID-19.

Findings:

General: Based on review of documentation, the center failed to assure all child care staff, directors, owners and operators complete a new, mandatory training on cleaning, sanitizing, health procedures, and mandatory reporting prior to the date of reopening, in accordance with 922 KAR 2:405E. A caregiver hired on 9/10/20, did not complete the mandatory training.

Signature of Provider/Representative

Title

Date