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CABINET FOR HEALTH AND FAMILY SERVICES OFFICE OF INSPECTOR GENERAL

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Eric C. Friedlander
Secretary

Adam Mather Inspector General

Inspection Report

Provider Information

Provider Type: LICENSED TYPE I

Provider Address: 820 Pennsylvania Avenue, Bardstown, KY, 40004

Capacity: 180

Director(s): Wells, Elissa Louise

Inspection No: 244683

CLR No: 1 356305

Owner(s): Little Angels Primary House II, Llc

Date Initiated: 05/01/2018 2:35 PM

Inspection Information

Inspection Type: Investigation

Provider Name: Little Angels Primary House

Date Concluded: 05/01/2018 4:10 PM

No. of Children Present: 65

Inspection Report

Director Requirements

Not In Compliance

350 - Health, Safety, Comfort Not In Compliance

922 KAR 2:090. Section 10. Director Requirements and Responsibilities.

- (1) A director shall:
- (I) Assure the health, safety, and comfort of each child;

Findings:

General: Based on interview, the child care center director failed to assure compliance with regulatory requirements in regards to the health, safety and comfort of children in care. Interviews revealed a staff member was terminated on 3/28/18 due to concerns regarding the staff member forcing children in her room to hold a paper roll above their heads when they get into trouble.

Children's Records

Not In Compliance

1135 - Immunization Not In Compliance

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;

Findings:

Provider/Representative

General: Based on review of documentation, the child care center failed to maintain children's records in accordance with regulatory requirements. Review of presented children's records revealed children's files with enrollment dates 9/14/15, 3/29/18, and 6/22/15 that did not contain a current immunization certificate. Upon request, the director did not present a current immunization certificate for the aforementioned children at the time of the survey.

Signature of Title Date