



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

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Inspection Report

Provider Name: Hickerson, Michelle Dawn	Provider Information	CLR No: C70965
Provider Address: 103 Cooper Drive, Tollesboro, KY, 41189	Provider Type: CERTIFIED	Capacity: 6

Inspection Type: Renewal Application	Inspection Information	Inspection No: 242684
Date Initiated: 11/20/2017 10:00 AM	Date Concluded: 11/20/2017 10:47 AM	
No. of Children Enrolled: 6	No. of Children Present: 2	

Inspection Report	
Supervision	In Compliance
General Administration	In Compliance
Provider Requirements	In Compliance
Provider Records	Not In Compliance
140 - Adult in home/Assistant	Not In Compliance
<p>922 KAR 2:100 - Section 2. Certification Process. (5) An adult living in the home of the applicant present during the hours of operation, or having unsupervised contact with a child in care, and the applicant's assistant shall submit to the cabinet: (a) A criminal records check pursuant to KRS 17.165(5) by the Kentucky State Police or the Administrative Office of the Courts within a year prior to application; (b) A OIG-DRCC-04 to complete: 1. A child abuse or neglect check using the central registry in accordance with 922 KAR 1:470; and 2. An address check of Sex Offender Registry; (c) A criminal records check completed once for any previous state of residence if: 1. The adult resided outside the state of Kentucky in the last five (5) years; and 2. No criminal records check has been completed for the adult's previous state of residence; and</p> <p>Findings: General: Based on Review of Documentation, it was found through a review of records that the provider did not have documentation of a criminal records check. It was also found that the provider's husband who lives in the home did not have the results page of the child abuse and neglect check.</p>	
145 - Adult in home/Assistant TB	Not In Compliance
<p>922 KAR 2:100 - Section 2. Certification Process. (5) An adult living in the home of the applicant present during the hours of operation, or having unsupervised contact with a child in care, and the applicant's assistant shall submit to the cabinet: (d) A copy of negative tuberculin results or a health professional's statement documenting that the adult is free of active tuberculosis.</p> <p>Findings: General: Based on Review of Documentation, it was found that the provider nor her husband had evidence of being free of TB.</p>	

Inspection Report

155 - Provider Training Requirements

Not In Compliance

922 KAR 2:100 - Section 10. Standards for the Provider.

(1)(a) A provider shall complete annually at least nine (9) hours of cabinet-approved early care and education training beginning with the second year of operation, including one and one-half (1½) hours of cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.8982(2):

- a. Within the second year of employment or operation in child care; and
- b. Every subsequent five (5) years of employment or operation in child care.

Findings:

General: Based on Review of Documentation, it was found that the provider did not have evidence of the one and one-half (1 1/2) hours of pediatric abusive head trauma training. A review of ECE-TRIS confirmed this.

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

In Compliance

Written Documentation

Not In Compliance

655 - Evacuation plan Records

Not In Compliance

922 KAR 2:100 - Section 18. Records.

(7)(a) A certified family child-care home provider shall have a written evacuation plan in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to a child in care in accordance with KRS 199.895.

Findings:

General: Based on Review of Documentation, it was found that the provider did not have an evacuation plan.

Posted Documentation

In Compliance

Animals

In Compliance

Posted Requirements

In Compliance

Signature of
Provider/Representative

Title

Date