



**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**

<b>Provider Name:</b> Frederick, Pamela B	<b>Provider Information</b>	<b>CLR No:</b> C71003
<b>Provider Address:</b> 1012 Griffin Drive, Lawrenceburg, KY, 40342	<b>Provider Type:</b> CERTIFIED	<b>Capacity:</b> 6

<b>Inspection Type:</b> Annual Inspection	<b>Inspection Information</b>	<b>Inspection No:</b> 243901
<b>Date Initiated:</b> 03/30/2018 9:00 AM	<b>Date Concluded:</b> 03/30/2018 11:08 AM	
<b>No. of Children Enrolled:</b> 7	<b>No. of Children Present:</b> 2	

Inspection Report		
Background Checks		In Compliance
Supervision		In Compliance
General Administration		In Compliance
Provider Requirements		In Compliance
Provider 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
<b>730 - Immunization</b>		<b>Not In Compliance</b>

**922 KAR 2:100 - Section 18. Records.**

**(1) A provider 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:**

General: Based on Review of Documentation, it was found that two children with enrollment dates of 8-21-17 and 8-1-2016 did not have current immunization certificates. The child who was enrolled on 8-21-17 had an immunization which expired on 9-15-17 and the child with an enrollment date of 8-1-2016 had an immunization which expired on 11-20-2017.

Written Documentation	In Compliance
Posted/Available Documentation	In Compliance
Animals	Not Applicable
Posted Requirements	In Compliance

Signature of Provider/Representative

Title

Date