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**Inspection Report**

<b>Provider Name:</b> St. Mary School	<b>Provider Information</b>	<b>CLR No:</b> L383894
<b>Provider Address:</b> 1121 Main Street, Paris, KY, 40361	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 18
<b>Owner(s):</b> St. Mary School		<b>Director(s):</b> Marsh, Lucy Ann

<b>Inspection Type:</b> Initial Application	<b>Inspection Information</b>	<b>Inspection No:</b> 247267
<b>Date Initiated:</b> 10/16/2018 12:00 PM	<b>Date Concluded:</b> 10/16/2018 1:20 PM	
	<b>No. of Children Present:</b>	

Inspection Report	
<b>Background Checks</b>	<b>In Compliance</b>
<b>Supervision</b>	<b>In Compliance</b>
<b>Staffing Requirements</b>	<b>Discussed</b>
<b>General Administration</b>	<b>Not In Compliance</b>
<b>170 - Have Director</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 6. License Issuance.</b> <b>(8) To qualify for a preliminary license, or maintain a regular license, a child-care center shall:</b> <b>(g) Have a director who meets the requirements listed in Section 10 of this administrative regulation.</b>	
<b>Findings:</b>	
General: Based on Review of Documentation, the listed director did not have documentation on file from a health care professional that she was free of active tuberculosis.	
<b>Director Requirements</b>	<b>In Compliance</b>
<b>Employee Records</b>	<b>Not In Compliance</b>
<b>405 - Adequate Substitute(s)</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 11. Staff Requirements.</b> <b>(6) Child-care centers shall have available in case of need:</b> <b>(a) One (1) qualified substitute staff person for a Type II child-care center; or</b> <b>(b) Two (2) qualified substitute staff persons for a Type I child-care center.</b> <b>(7) Each qualified substitute staff person shall:</b> <b>(a) Meet the staff requirements of this administrative regulation; and</b> <b>(b) Provide the required documentation to verify compliance with this administrative regulation.</b>	
<b>Findings:</b>	
General: Based on Interview, the facility only had one (1) substitute listed on file at the time of the survey.	
<b>Programming</b>	<b>In Compliance</b>
<b>Premises</b>	<b>In Compliance</b>
<b>Hygienic Practices</b>	<b>Discussed</b>
<b>First Aid/Medication</b>	<b>In Compliance</b>
<b>Outdoor Play Area</b>	<b>In Compliance</b>
<b>Equipment</b>	<b>In Compliance</b>

**Inspection Report**

<b>Transportation</b>	<b>Not Applicable</b>
<b>Food Service/Food Program</b>	<b>In Compliance</b>
<b>Food Service</b>	<b>In Compliance</b>
<b>Children's Records</b>	<b>Discussed</b>
<b>Written Documentation</b>	<b>In Compliance</b>
<b>Posted Documentation</b>	<b>In Compliance</b>
<b>Animals</b>	<b>In Compliance</b>

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Signature of Provider/Representative

Title

Date