Printed Date: 11/30/2020 KID013A v2.0



CABINET FOR HEALTH AND FAMILY SERVICES OFFICE OF INSPECTOR GENERAL

Andy Beshear Governor

Melissa A. Moore, Director **Division of Regulated Child Care** Northern Branch 908 W. Broadway, 10-W Louisville, KY 40203 Phone: (502) 595-5781 Fax: (502) 595-5773 https://chfs.ky.gov/agencies/os/oig

Eric C. Friedlander Secretary

Adam Mather Inspector General

Inspection Report

Provider Information

Provider Type: CERTIFIED

Provider Address: 2185 Hwy 127 South, Owenton, KY, 40359

Provider Name: Woodyard, Morgan Rebecca

No. of Children Enrolled: 3

CLR No: C71075

Capacity: 6

Inspection Information

Inspection Type: Annual Inspection Date Initiated: 06/22/2020 10:20 AM

Date Concluded: 06/22/2020 11:15 AM

No. of Children Present: 3

Inspection No: 293379

Inspection Report

Background Checks

Supervision

General Administration

Provider Requirements

Provider Records

Programming

Premises

Hygienic Practices

First Aid/Medication

Outdoor Play Area

Equipment

Transportation

Food Service/Food Program

Food Service

In Compliance

In Compliance

In Compliance

In Compliance

In Compliance

In Compliance

In Compliance In Compliance

In Compliance

In Compliance

In Compliance

In Compliance

Not Applicable

Not In Compliance Not In Compliance

922 KAR 2:100 - Section 14. Food Requirements.

(14) The refrigerator shall:

(a) Be in working order; and

(b) Maintain a product temperature at or below forty-five (45) degrees Fahrenheit.

Findings:

715 - Refrigerator

General: Per regulatory requirements, the home care provider should keep a working thermometer in each refrigerator in the home in order to check the temperature to assure compliance (no more than forty-five (45) degrees Fahrenheit). However, the home care provider acknowledged that no thermometer was kept in the sole refrigerator.

Children's Records

Written Documentation

Posted/Available Documentation

Animals

Posted Requirements

In Compliance

In Compliance

In Compliance

Not Applicable

In Compliance

Signature of Provider/Representative			
 Signature of	Title	Date	_