



Andy Beshear
GOVERNOR

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

Eric Friedlander
SECRETARY

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>

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Hope Ministries LLC	Provider Information	CLR No: L384155
Provider Address: 1720 Highland Ave., Carrollton, KY, 41008	Provider Type: LICENSED TYPE I	Capacity: 29
Owner(s): Hope Ministries LLC		Director(s): Breeden, Maria

Inspection Type: Change of Location	Inspection Information	Inspection No: 317958
Date Initiated: 07/21/2021 9:30 AM	Date Concluded: 07/21/2021 11:30 AM	
	No. of Children Present:	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Premises	Not In Compliance
690 - Sink	Not In Compliance
922 KAR 2:120. Section 12. Toilet, Diapering, and Toiletry Requirements. (3) A sink shall be: (a) Located in or immediately adjacent to toilet rooms; (b) Equipped with hot and cold running water that allows for hand washing; (c) Equipped with hot water at a minimum temperature of ninety (90) degrees Fahrenheit and a maximum of 120 degrees Fahrenheit; (d) Equipped with liquid soap; (e) Equipped with hand-drying blower or single use disposable hand drying material; (f) Equipped with an easily cleanable waste receptacle; and (g) Immediately adjacent to a changing area used for infants and toddlers.	
Findings: General: Based on observation, the temperature of the sink in the Women's Restroom near the office measured 130 degrees. The sink in the Men's Restroom near the office was not functioning. Interview with the staff member in charge revealed the water to the aforementioned sink had been turned off to repair a water fountain.	
Outdoor Play Area	In Compliance
Equipment	In Compliance
Kitchen Requirements	In Compliance
Written Documentation	In Compliance
Posted Documentation	In Compliance

Signature of Provider/Representative

Title

Date