



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
Western Branch
901 B South Main Street
Hopkinsville, KY 42240

Adam Mather
INSPECTOR GENERAL

Phone: (270) 889-6052 Fax: (270) 889-6089
<https://chfs.ky.gov/agencies/os/oig>

Inspection Report

Provider Name: Sinking Fork Elementary Child Care Services	Provider Information Provider Type: LICENSED TYPE I	CLR No: L357780
Provider Address: 5005 Princeton Road, Hopkinsville, KY, 42240		Capacity: 99
Owner(s): Christian County Board Of Education		Director(s): Alder, Annette Marie

Inspection Type: Investigation	Inspection Information	Inspection No: 216903
Date Initiated: 09/14/2016 4:00 PM	Date Concluded: 09/26/2016 4:50 PM	
	No. of Children Present: 43	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
Equipment	In Compliance
Children's Records	Not In Compliance

1075 - Enrollment Information Not In Compliance

922 KAR 2:110. Section 3. Records.
(1) A child-care center shall maintain:
(b) A written record for each child:
1. Completed and signed by the child's parent;
2. Retained on file on the first day the child attends the child-care center; and
3. To contain:
a. Identifying information about the child, which includes, at minimum, the child's name, address, and date of birth;
b. Contact information to enable a person in charge to contact the child's:
(i) Parent at the parent's home or place of employment;
(ii) Family physician; and
(iii) Preferred hospital;
c. The name of each person who is designated in writing to pick-up the child;
d. The child's general health status and medical history including, if applicable:
(i) Allergies;
(ii) Restriction on the child's participation in activities with specific instructions from the child's parent or health professional; and
(iii) Permission from the parent for third-party professional services in the child-care center;
e. The name and phone number of each person to be contacted in an emergency situation involving or impacting the child;
f. Authorization by the parent for the child-care center to seek emergency medical care for the child in the parent's absence;

Findings:

General: Based on Review of Documentation, a child enrolled 8/9/16, did not include the name of the preferred hospital in the enrollment information.

Signature of Provider/Representative

Title

Date