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GOVERNOR

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

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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

<b>Provider Name:</b> Radford, Clara Elizabeth	<b>Provider Information</b> <b>Provider Type:</b> CERTIFIED	<b>CLR No:</b> C5953
<b>Provider Address:</b> 106 South Saltsman Drive, Hopkinsville, KY, 42240		<b>Capacity:</b> 6

<b>Inspection Type:</b> Annual Inspection	<b>Inspection Information</b>	<b>Inspection No:</b> 307764
<b>Date Initiated:</b> 08/04/2021 10:10 AM	<b>Date Concluded:</b> 08/04/2021 11:25 AM	
<b>No. of Children Enrolled:</b> 5	<b>No. of Children Present:</b> 3	

<b>Inspection Report</b>		
<b>Background Checks</b>		<b>In Compliance</b>
<b>Supervision</b>		<b>In Compliance</b>
<b>General Administration</b>		<b>In Compliance</b>
<b>Provider Requirements</b>		<b>In Compliance</b>
<b>Provider Records</b>		<b>In Compliance</b>
<b>Programming</b>		<b>In Compliance</b>
<b>Premises</b>		<b>In Compliance</b>
<b>Hygienic Practices</b>		<b>In Compliance</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>
<b>Transportation</b>		<b>In Compliance</b>
<b>Food Service/Food Program</b>		<b>In Compliance</b>
<b>Food Service</b>		<b>In Compliance</b>

Inspection Report

Children's Records

Not In Compliance

735 - Children's information

Not In Compliance

922 KAR 2:100 - Section 19. Records.

- (1) A provider 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 family child-care home; 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 the provider 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 family child-care home;
      - 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 provider to seek emergency medical care for the child in the parent's absence;

Findings:

General: Based on review of documentation and interview, a child enrolled on 10/19/20, did not have information on file for the provider to contact the child's preferred hospital and physician.

Written Documentation

In Compliance

Posted/Available Documentation

In Compliance

Animals

Not In Compliance

830 - Animals

Not In Compliance

922 KAR 2:100 - Section 17. Animals.

- (1) An animal shall not be allowed in the presence of a child in care:
  - (a) Unless:
    - 1. The animal is under the supervision and control of an adult;
    - 2. Written parental consent has been obtained; and
    - 3. The animal is certified as vaccinated against rabies; or
  - (b) Except in accordance with subsection (3) of this section.
- (2) A parent shall be notified in writing if a child has been bitten or scratched by an animal.
- (3) An animal that is considered undomesticated, wild, or exotic shall not be allowed at a certified family child-care home unless the animal is:
  - (a) A part of a planned program activity led by an animal specialist affiliated with a zoo or nature conservatory; and
  - (b) In accordance with 301 KAR 2:081 and 301 KAR 2:082.

Findings:

General: Based on interview, documentation to verify a canine at the provider's home was vaccinated against rabies was not on file.

Posted Requirements

In Compliance

Signature of Provider/Representative

Title

Date