**Andy Beshear** 

**GOVERNOR** 



## KID013A v2.0

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

## Melissa A. Moore, Director

Division of Regulated Child Care Eastern Branch 455 Park Place, Suite 120A Lexington, KY 40511 Phone: (859) 246-2301 Fax: (859) 246-2307 https://chfs.ky.gov/agencies/os/oig Eric Friedlander SECRETARY

Adam Mather INSPECTOR GENERAL

	https://cnis.ky.gov/agencies/os/oig				
Inspection Report					
Provider Name: Miller, Karen Celeste Provider Address: 541 Mt. Tabor Road, Lexington, KY,	Provider Information Provider Type: CERTIFIED , 40517, 4228	CLR No: C3435 Capacity: 6			
Inspection Type: Renewal Application Date Initiated: 03/07/2019 10:00 AM No. of Children Enrolled: 6	Inspection Information Date Concluded: 03/07/2019 10:50 AM No. of Children Present: 6	Inspection No: 247846			
	Inspection Report				
	Background Checks	In Compliance			
	Supervision	In Compliance			
	General Administration	In Complianc			
	Provider Requirements	Not In Complianc			
25 - Information to Parents		Not In Compliance			
922 KAR 2:100 - Section 19. Certified Family C	Child-Care Home Program.				
The certified family child-care home provider (2) Make available a copy of the certification (3) Provide each parent with the name, addre believes the family child-care home provider is Findings:	shall: standards to each parent; ss, and telephone number of the cabinet for the purpose	of registering a complaint if the parent			
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Inspection	Report
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Inspection Report		
Children's Records	Not In Compliand	
- Children's information	Not In Compliand	
22 KAR 2:100 - Section 18. Records.		
I) 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) Restriction from the neuron the activities are formation in the formite shild even because the second	na	
(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; and		
Findings:		
•		
General: Based on review of documentation, one (1) child's enrollment information was missing a preferred hospital. This child was enrolled on 5/28/18.		
Written Documentation	In Compliar	
Posted/Available Documentation	In Compliar	

**Posted Requirements** 



In Compliance