



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

Andy Beshear
Governor

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Inspection Report

Provider Name: McCain, Christy Rebecca	Provider Information Provider Type: CERTIFIED	CLR No: C6455
Provider Address: 705 Ackery Drive, Independence, KY, 41051		Capacity: 6

Inspection Type: Renewal Application	Inspection Information	Inspection No: 242208
Date Initiated: 11/13/2017 12:18 AM	Date Concluded: 11/13/2017 1:30 PM	
No. of Children Enrolled: 7	No. of Children Present: 6	

Inspection Report	
Supervision	In Compliance
General Administration	Not In Compliance
90 - Reports to Cabinet	Not In Compliance
<p>922 KAR 2:100 - Section 19. Certified Family Child-Care Home Program. The certified family child-care home provider shall: (10) Report: (a) The following to the cabinet within twenty-four (24) hours from the time of discovery: 1. A communicable disease, which shall also be reported to the local health department pursuant to KRS 214.010; 2. An accident or injury to a child that requires medical care; 3. An incident that results in legal action by or against the family child-care home that: a. Affects: (i). A child in care; (ii). The provider; (iii). An assistant; or (iv). A member of the provider's household; or b. Includes the provider's discontinuation or disqualification from a governmental assistance program due to fraud or abuse of that program; 4. An incident involving fire or other emergency, including a vehicular accident when the provider is transporting a child receiving child care services; or 5. A report of child abuse or neglect that: a. Has been accepted by the cabinet in accordance with 922 KAR 1:330; and b. Names the alleged perpetrator as the: (i) Provider; (ii) Provider's assistant; or (iii) Member of the provider's household; (b) The death of a child to the cabinet within one (1) hour; or (c) Temporary or permanent closure as soon as practicable to the cabinet and the parent of a child in the family child-care home.</p>	
Findings:	
General: Based on Observation, failed to report to cabinet the closure of home on 10/10/2017. Surveyor went to 705 Ackery Drive Independence KY 41051 on 10/10/2017 to conduct annual inspection. Upon arrival, surveyor found a note on the front door (attached) indicating facility was closed.	
Provider Requirements	In Compliance
Provider Records	In Compliance
Programming	In Compliance
Premises	In Compliance

Inspection Report

Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	Not In Compliance

415 - Outdoor stationary equipment **Not In Compliance**

922 KAR 2:100 - Section 11. The General Requirements of the Family Child-Care Home Environment.
(15) Outdoor stationary play equipment shall be:
(a) Securely anchored;
(b) Developmentally appropriate; and
(c) Safe.

Findings:

General: Based on Observation, the play house in the play area was pushed against a fence and looked to unstable where the plastic support was not locked in place and leaning against the fence. The slide that looked to belong to the structure was lying on the ground beside the structure. Surveyor touched the house part of the structure and it felt wobbly.

Equipment	In Compliance
Transportation	Not Applicable
Food Service	In Compliance
Children's Records	In Compliance
Written Documentation	In Compliance
Posted Documentation	Not In Compliance

670 - Daily Planned Program of Activities **Not In Compliance**

922 KAR 2:100 - Section 12. Care Requirements for a Provider.
(12) A certified family child care home shall provide a daily planned program:
(a) Posted in writing in a conspicuous location;
(b) Of activities that are individualized and developmentally appropriate for each child served;
(c) That provides experience to promote the individual child's physical, emotional, social, and intellectual growth and well-being; and

Findings:

General: Based on Observation, a schedule of daily activities, including lists and dates of activities to be conducted with the children was not posted in the classroom.

Animals	In Compliance
Posted Requirements	In Compliance

Signature of
Provider/Representative

Title

Date