



Andy Beshear
GOVERNOR

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

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SECRETARY

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Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: New Life Ministries Child Care Center	Provider Information	CLR No: L358966
Provider Address: 202 Trail Of Tears, Hopkinsville, KY, 42240	Provider Type: LICENSED TYPE I	Capacity: 48
Owner(s): New Life Ministries Of Christian County, Inc.		Director(s): MOORE, PAULA Angel

Inspection Type: Renewal Application	Inspection Information	Inspection No: 218554
Date Initiated: 03/17/2017 8:10 AM	Date Concluded: 03/17/2017 11:05 AM	
	No. of Children Present: 27	

Inspection Report		
Supervision		In Compliance
Staffing Requirements		In Compliance
General Administration		In Compliance
Director Requirements		In Compliance
Employee Records		In Compliance
Programming		In Compliance
Premises		In Compliance
Hygienic Practices		In Compliance
First Aid/Medication		In Compliance
Outdoor Play Area		In Compliance
Equipment		In Compliance
Transportation		Not Applicable
Food Service		Not In Compliance

985 - Milk Requirements

Not In Compliance

922 KAR 2:120. Section 9. Food and Meal Requirements.

(3) A serving of milk shall consist of:

- (a) Breast milk or iron-fortified formula for a child age birth to twelve (12) months;
- (b) Pasteurized whole milk for children ages twelve (12) months to twenty-four (24) months; or
- (c) Pasteurized low fat one (1) percent or fat-free skim milk for children ages twenty-four (24) months to school-age.

Findings:

General: Based on observation and interview, a child, date of birth 08/06/14, was served whole milk for breakfast in the two-year-olds' room.

Inspection Report		
Children's Records		Not In Compliance
1075 - Enrollment Information		Not In Compliance
<p>922 KAR 2:110. Section 3. Records.</p> <p>(1) A child-care center shall maintain:</p> <p>(b) A written record for each child:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> (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: <ol style="list-style-type: none"> (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; 		
<p>Findings:</p> <p>General: Based on review of documentation, interview and observation, a child enrolled 11/14/16, received third party speech services at the center on 03/17/17. There was no permission documentation on file from the child's parent for him to receive third-party professional services at the child care center. Interview determined the parent gave a verbal permission but was not aware the speech professional was at the center on 03/17/17.</p> <p>Also, a child enrolled 01/09/17, did not have a preferred hospital documented.</p>		
Written Documentation		In Compliance
Posted Documentation		In Compliance
Animals		In Compliance

Signature of Provider/Representative

Title

Date