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Inspection Report

Provider Name: Children's Collaborative at Campbell Co. High School Teen Center	Provider Information Provider Type: LICENSED TYPE I	CLR No: L359026
Provider Address: 909 Camel Crossing, Alexandria, KY, 41001		Capacity: 25
Owner(s): Children's Collaborative, LLC		Director(s): Smith, Melodia A

Inspection Type: Renewal Application	Inspection Information	Inspection No: 219204
Date Initiated: 03/03/2017 10:45 AM	Date Concluded: 03/03/2017 11:40 AM	
	No. of Children Present: 4	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	Not In Compliance
255 - Staff Meeting	Not In Compliance
922 KAR 2:110. Section 4. Director Requirements and Responsibilities. (1) Effective with the adoption of this administrative regulation, a director shall: (i) Conduct, manage, and document in writing staff meetings;	
Findings:	
General: Based on Review of Documentation, it was found that there was no written evidence of conducted staff meetings.	
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	In Compliance

Inspection Report

Children's Records

Not In Compliance

1070 - Immunization

Not In Compliance

922 KAR 2:110. Section 3. Records.

(1) A child-care center shall maintain:

(a) A current immunization certificate for each child in care within thirty (30) days of the child's enrollment, unless an attending physician or the child's parent objects to the immunization of the child pursuant to KRS 214.036;

Findings:

General: Based on Review of Documentation, it was found through a review of four (4) childrens files that one (1) file did not contain an immunization certificate. The date of enrollment for the child was 08/30/2016.

Written Documentation

In Compliance

Posted Documentation

In Compliance

Animals

Not Applicable

Signature of Provider/Representative

Title

Date