



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

**Andy Beshear** Governor

Melissa A. Moore, Director

**Division of Regulated Child Care** Western Branch 2400 Russellville Road, P.O. Box 2200 Hopkinsville, KY 42240 Phone: (270) 889-6052 Fax: (270) 889-6089 https://chfs.ky.gov/agencies/os/oig

**Eric C. Friedlander** Secretary

**Adam Mather Inspector General** 

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	Inspection Report	
Provider Name: Liberty Kids Child Care Provider Address: 1347 Ky Hwy 185, Suite 5, Bowling Green, Owner(s): Stockton, Lyndon Mandel	Provider Information Provider Type: LICENSED TYPE I KY, 42101	CLR No: L359010 Capacity: 100 Director(s): Caldwell, Joanifer Arnetta
Inspection Type: Renewal Application Date Initiated: 05/30/2017 9:00 AM	Inspection Information Date Concluded: 05/30/2017 1:15 PM No. of Children Present: 57	Inspection No: 220211
	Inspection Report	
	Supervision Staffing Requirements General Administration	In Compliance In Compliance Not In Compliance
75 - Liability Insurance 922 KAR 2:090. Section 6. License Issuance. (11) To qualify for a preliminary license, or maintai		Not In Compliance
(d) Provide written proof of liability insurance cov Findings:		was dated 2/10/16 to 2/10/17
General. Dased on Neview of Documentation, the center du	Director Requirements	In Compliance
320 - TB Verification	Employee Records	Not In Compliance Not In Compliance
<ul> <li>922 KAR 2:110. Section 5. Staff Requirements.</li> <li>(1) Child-care center staff:</li> <li>(b) Shall provide, prior to employment and every t</li> <li>1. A statement from a health professional that th</li> <li>2. A copy of negative tuberculin results.</li> </ul>		
Findings: General: Based on Review of Documentation, staff hired 6/1/	/13, had a TB skin test dated 3/10/15.	
340 - Training		Not In Compliance
(a) Six (6) hours of cabinet-approved orientation v (b) Nine (9) hours of cabinet-approved early care a hours of pediatric abusive head trauma training; an (c) Fifteen (15) hours of cabinet-approved early ca half (1 ½) hours of pediatric abusive head trauma tr	and education training within the first year of employ d are and education training during each subsequent ye	ment, including one and one-half (1 $\frac{1}{2}$ )
Findings: General: Based on Review of Documentation, staff hired 11/2	20/15, completed five and a half hours (5.50) of annual training.	

	Inspection Report	
	Programming	In Complia
	Premises	In Complia
	Hygienic Practices	In Complia
	First Aid/Medication	Not In Complia
55 - First Aid Supplies		Not In Complia
922 KAR 2:120. Section 7. First Aid and Medicine.		
<ul><li>(1) First aid supplies shall:</li><li>(a) Be available to provide prompt and proper first a</li></ul>	aid traatmanti	
(b) Be stored out of reach of a child;		
(c) Be periodically inventoried to ensure the supplie	es are current;	
(d) If reusable, be: 1. Sanitized; and		
2. Maintained in a sanitary manner; and		
(e) Include:		
1. Liquid soap;		
2. Adhesive bandages; 3. Sterile gauze;		
4. Medical tape;		
5. Scissors;		
6. A thermometer; 7. Flashlight;		
8. Cold pack;		
9. First aid book;		
10. Disposable gloves; and 11. A cardiopulmonary resuscitation mouthpiece p		
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Findings:		
General: Based on Observation, medical tape was not in the fir		I
	Outdoor Play Area	In Complia
	Equipment	Not In Complia
0 - Crib/Mattress/Sheet		Not In Complia
922 KAR 2:120. Section 6. Sleeping and Napping Requ (3) Rest time shall include adequate space specified	uirements.	
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Food Service

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Inspection	Report

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<ul> <li>3. To contain: <ul> <li>a. Identifying information about the child, which includes, at minimum, the child's name, address, and date of birth;</li> <li>b. Contact information to enable a person in charge to contact the child's: <ul> <li>(i) Parent at the parent's home or place of employment;</li> <li>(ii) Family physician; and</li> <li>(iii) Preferred hospital;</li> <li>c. The name of each person who is designated in writing to pick-up the child;</li> <li>d. The child's general health status and medical history including, if applicable: <ul> <li>(i) Allergies;</li> <li>(ii) Restriction on the child's participation in activities with specific instructions from the child's parent or health professional; and</li> <li>(iii) Permission from the parent for third-party professional services in the child-care center;</li> <li>e. The name and phone number of each person to be contacted in an emergency situation involving or impacting the child;</li> </ul> </li> </ul></li></ul></li></ul>	and signed by the child's parent;
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f. Authorization by the parent for the child-care center to seek emergency medical care for the child in the parent's absence;	
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Findings:	
General: Based on Review of Documentation, a child enrolled 6/20/16, contact information did not include the name of the preferred hospital.	Review of Documentation, a child enrolled 6/20/16, contact information did not include the name of the preferred hospital.
Written Documentation In Com	Written Documentation In Complianc
Posted Documentation In Com	Posted Documentation In Compliance

Animals

Not Applicable