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CABINET FOR HEALTH AND FAMILY SERVICES OFFICE OF INSPECTOR GENERAL

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https://chfs.ky.gov/agencies/os/oig

Eric C. Friedlander Secretary

Adam Mather Inspector General

Inspection Report

Provider Information

Provider Type: CERTIFIED

Provider Address: 320 Trevor Street, Covington, KY, 41011

Provider Name: Behanan, Mercedith Loy

CLR No: C54683 Capacity: 6

Inspection No: 289283

Inspection Information

Inspection Type: Annual Inspection

Date Initiated: 06/19/2019 12:00 PM

Date Concluded: 06/19/2019 1:30 PM

No. of Children Present: 2

Inspection Report

Background Checks

Supervision

General Administration

Provider Requirements

Provider Records

Not In Compliance
Not In Compliance

In Compliance

In Compliance

In Compliance

In Compliance

265 - Provider Training Requirements

No. of Children Enrolled: 8

922 KAR 2:100 - Section 10. Standards for the Provider.

(1)(a) A provider shall complete annually at least nine (9) hours of cabinet-approved early care and education training beginning with the second year of operation, including one and one-half (1½) hours of cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.8982(2):

- 1. Within the second year of employment or operation in child care; and
- 2. Every subsequent five (5) years of employment or operation in child care.

Findings:

General: Based on observation and review of documentation, the provider did not have current evidence of required Pediatric Abusive Head Trauma training.

Programming

Premises

Hygienic Practices

First Aid/Medication

Outdoor Play Area

Equipment

Transportation

Food Service/Food Program

Food Service

In Compliance

Inspection Report Children's Records Not In Compliance 735 - Children's information 922 KAR 2:100 - Section 18. Records.

- (1) 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;

Provider/Representative

- 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) 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 observation and review of documentation, children with enrollment dates of 11/03/2018 and 03/06/2019 did not have preferred hospital written in file. Child with enrollment date of 11/03/2018 did not have emergency contact phone numbers on file.

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	Written Documentation	In Compliance
	Posted/Available Documentation	In Compliance
	Animals	Not Applicable
	Posted Requirements	In Compliance

Signature of Title Date