



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

**Melissa A. Moore, Director**  
Division of Regulated Child Care  
Western Branch  
901 B South Main Street  
Hopkinsville, KY 42240

**Adam Mather**  
INSPECTOR GENERAL

Phone: (270) 889-6052 Fax: (270) 889-6089  
<https://chfs.ky.gov/agencies/os/oig>

**Inspection Report**

<b>Provider Name:</b> Small Steps of Faith LLC	<b>Provider Information</b>	<b>CLR No:</b> L379485
<b>Provider Address:</b> 196 Mitch Lane, Hopkinsville, KY, 42240	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 47
<b>Owner(s):</b> Small Steps Of Faith LLC		<b>Director(s):</b> Bass, Jennifer O.

<b>Inspection Type:</b> Investigation	<b>Inspection Information</b>	<b>Inspection No:</b> 290511
<b>Date Initiated:</b> 07/19/2019 8:30 AM	<b>Date Concluded:</b> 07/19/2019 12:30 PM	
	<b>No. of Children Present:</b> 20	

Inspection Report	
<b>Supervision</b>	<b>In Compliance</b>
<b>Staffing Requirements</b>	<b>In Compliance</b>
<b>General Administration</b>	<b>In Compliance</b>
<b>Director Requirements</b>	<b>In Compliance</b>
<b>Employee Records</b>	<b>Not In Compliance</b>
<b>395 - TB Verification</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 11. Staff Requirements.</b> <b>(1) Child-care center staff:</b> <b>(b) Shall provide, prior to employment and every two (2) years thereafter:</b> 1. A statement from a health professional that the individual is free of active tuberculosis; or 2. A copy of negative tuberculin results.	
<b>Findings:</b>	
General: Based on review of documentation, staff hired 6/13/19, did not have a TB documentation on file.	
<b>Premises</b>	<b>In Compliance</b>
<b>Equipment</b>	<b>In Compliance</b>
<b>Food Service/Food Program</b>	<b>Not In Compliance</b>
<b>995 - Lunch/Dinner Requirements</b>	<b>Not In Compliance</b>
<b>922 KAR 2:120. Section 9. Food and Meal Requirements.</b> <b>(19) Lunch and dinner shall include:</b> (a) Milk; (b) Protein; (c) Bread; and (d) 1. Two (2) vegetables; 2. Two (2) fruits; or 3. One (1) fruit and one (1) vegetable.	
<b>Findings:</b>	
General: Based on observation, a one-year-old child was served a grill cheese sandwich, applesauce, corn and Pedialyte Electrolyte Solution for lunch. The parents had not provided a request for a milk alternative.	
<b>Food Service</b>	<b>In Compliance</b>

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Signature of Provider/Representative

Title

Date