



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
Northern Branch
908 W. Broadway, 10-W
Louisville, KY 40203

Adam Mather
INSPECTOR GENERAL

Phone: (502) 595-5781 Fax: (502) 595-5773
<https://chfs.ky.gov/agencies/os/oig>

Inspection Report

Provider Name: Kids Haven, by Sandy	Provider Information	CLR No: L356164
Provider Address: 1010 Oldham Oaks Rd., Lagrange, KY, 40031	Provider Type: LICENSED TYPE I	Capacity: 100
Owner(s): SASSCO, INC.		Director(s): McCombs, Shannon Renae

Inspection Type: Renewal Application	Inspection Information	Inspection No: 243642
Date Initiated: 03/01/2018 9:45 AM	Date Concluded: 03/01/2018 12:23 PM	
	No. of Children Present: 80	

Inspection Report	
Background Checks	In Compliance
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	In Compliance
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	Not In Compliance
1135 - Immunization	Not In Compliance
<p>922 KAR 2:090. Section 9. 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;</p>	
Findings:	
<p>General: Based on review of documentation, the child care center failed to maintain children's records in accordance with regulatory requirements. Upon request, the director did not present current immunization records for children with the enrollment dates of 5/20/16 and 11/20/17.</p>	
Written Documentation	In Compliance
Posted Documentation	In Compliance

Signature of Provider/Representative

Title

Date