



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Nacua, Christina Kalananapua	Provider Information Provider Type: CERTIFIED	CLR No: C71004
Provider Address: 4820 Napoleon Zion Station Rd., Dry Ridge, KY, 41035		Capacity: 6

Inspection Type: Annual Inspection	Inspection Information	Inspection No: 244557
Date Initiated: 04/16/2018 9:30 AM	Date Concluded: 04/16/2018 10:30 AM	
No. of Children Enrolled: 6	No. of Children Present:	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
General Administration	In Compliance
Provider Requirements	In Compliance
Provider 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/Food Program	In Compliance
Food Service	In Compliance
Children's Records	Not In Compliance

730 - Immunization **Not In Compliance**

922 KAR 2:100 - Section 18. Records.
(1) A provider 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, child with enrollment date of 01/16/2018 did not have expiration date on immunization certificate. Two children with enrollment dates of 01/23/2018 did not have an immunization certificate or exemption on file.

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;**
 - 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 Review of Documentation, child with enrollment date of 10/20/17 did not have hospital or physicians information listed in file.

Written Documentation

In Compliance

Posted/Available Documentation

In Compliance

Animals

In Compliance

Posted Requirements

In Compliance

Signature of Provider/Representative

Title

Date