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Adam Mather  
INSPECTOR GENERAL

**Inspection Report**

<b>Provider Name:</b> Rosario, Mary Lynn	<b>Provider Information</b> <b>Provider Type:</b> CERTIFIED	<b>CLR No:</b> C71076
<b>Provider Address:</b> 844 State Route 120 East, Providence, KY, 42450		<b>Capacity:</b> 6

<b>Inspection Type:</b> Annual Inspection	<b>Inspection Information</b>	<b>Inspection No:</b> 293127
<b>Date Initiated:</b> 03/10/2020 9:15 AM	<b>Date Concluded:</b> 03/10/2020 11:40 AM	
<b>No. of Children Enrolled:</b> 4	<b>No. of Children Present:</b> 7	

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	Not In Compliance
<b>435 - Child Handwashing/Hand Sanitizer</b>	<b>Not In Compliance</b>
<p><b>922 KAR 2:100 - Section 12. Care Requirements for a Provider.</b>  <b>(4) A child shall:</b>  <b>(a) Wash hands with liquid soap and warm running water:</b>  <b>1. Before and after eating or handling food;</b>  <b>2. After toileting or diaper change;</b>  <b>3. After handling animals;</b>  <b>4. After touching an item or an area of the body soiled with body fluids or waste; and</b>  <b>5. After outdoor and indoor play time; or</b>  <b>(b) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available in accordance with paragraph (a) of this subsection. The child shall wash the child's hands as soon as practicable once liquid soap and warm running water are available.</b></p>	
<b>Findings:</b>	
General: Based on observation and interview, seven (7) children did not wash their hands before or after eating lunch.	

**440 - Adult hand washing**

**Not In Compliance**

**922 KAR 2:100 - Section 12. Care Requirements for a Provider.**

**(5) A provider and an assistant shall:**

**(a) Wash hands with liquid soap and warm running water:**

- 1. Before and after diapering a child;**
- 2. Before and after feeding a child;**
- 3. After toileting or assisting a child with toileting;**
- 4. After handling animals;**
- 5. Before dispensing medication;**
- 6. After caring for a sick child;**
- 7. After wiping or blowing a child's or own nose; and**
- 8. After smoking or vaping; or**

**(b) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available in accordance with paragraph (a) of this subsection. The provider or assistant shall wash the provider or assistant's hands as soon as practicable once liquid soap and warm running water are available.**

**Findings:**

General: Based on observation and interview, two (2) staff members did not wash their hands before or after serving lunch.

**First Aid/Medication**

**In Compliance**

**Outdoor Play Area**

**In Compliance**

**Equipment**

**In Compliance**

**Transportation**

**Not Applicable**

**Food Service/Food Program**

**In Compliance**

**Food Service**

**Not In Compliance**

**695 - Weekly Menu**

**Not In Compliance**

**922 KAR 2:100 - Section 14. Food Requirements.**

**(10) A weekly menu shall be:**

- (a) Prepared;**
- (b) Dated;**
- (c) Available to a parent of a child in care or the cabinet upon request; and**
- (d) Kept on file for thirty (30) calendar days.**

**Findings:**

General: Based on review of documentation and interview, there was no posted menu. Interview determined the last weekly menu on file was dated for the week of 02/07/2020.

**Children's Records**

**Not In Compliance**

**735 - Children's information**

**Not In Compliance**

**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 and interview, three (3) children, first date of attendance 08/05/19, did not have enrollment information on file. Two (2) children, first date of attendance 08/23/19 and 08/12/19, did not have authorization by the parent for the provider to seek emergency medical care in the parent's absence. Three (3) children, first date of attendance 08/13/19, 08/23/19, and 08/12/19, enrollment form did not contain the preferred hospital information.

**Inspection Report**

**Written Documentation**

**Not In Compliance**

**775 - Attendance Records**

**Not In Compliance**

**922 KAR 2:100 - Section 18. Records.**

**(1) A provider shall maintain:**

**(c) Daily attendance records documenting the arrival and departure time of each child, including records that are required in accordance with 922 KAR 2:160, Section 13 if a child receives services from the provider through the Child Care Assistance Program;**

**Findings:**

General: Based on review of documentation and interview, seven (7) children were present but only six (6) children had a documented arrival time.

**Posted/Available Documentation**

**In Compliance**

**Animals**

**In Compliance**

**Posted Requirements**

**In Compliance**

Signature of Provider/Representative

Title

Date