



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
Southern Branch
116 Commerce Ave
London, KY 40744

Adam Mather
INSPECTOR GENERAL

Phone: (606) 330-2030 Fax: (606) 330-2056
<https://chfs.ky.gov/agencies/os/oig>

Inspection Report

Provider Name: Akemon, Holly Alicia	Provider Information	CLR No: C71103
Provider Address: 26 Keisha Vickers Rd, Mckee, KY, 40447	Provider Type: CERTIFIED	Capacity: 6

Inspection Type: Annual Inspection	Inspection Information	Inspection No: 307841
Date Initiated: 10/25/2021 12:24 PM	Date Concluded: 10/25/2021 1:20 PM	
No. of Children Enrolled: 12	No. of Children Present: 6	

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

735 - Children's information

Not In Compliance

922 KAR 2:100 - Section 19. 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;

Findings:

General: Based on review of documentation, the surveyor found the following:

1. The files presented for review for two (2) children (DOE: 8/3/16 and 6/4/18) did not contain the name or telephone number for the preferred hospital.

2. The file presented for review for a child (DOE: 9/5/17) did not contain the name or telephone number for the preferred physician or preferred hospital.

Therefore, the child-care center failed to maintain children's records. Staff stated that she thought the phone numbers were listed on one of the forms in the files; however she was unable to find the information for the surveyor's review.

Written Documentation

In Compliance

Posted/Available Documentation

In Compliance

Animals

In Compliance

Posted Requirements

In Compliance

Signature of Provider/Representative

Title

Date