



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

<b>Provider Name:</b> Radford, Clara Elizabeth	<b>Provider Information</b> <b>Provider Type:</b> CERTIFIED	<b>CLR No:</b> C5953
<b>Provider Address:</b> 106 South Saltsman Drive, Hopkinsville, KY, 42240		<b>Capacity:</b> 6

<b>Inspection Type:</b> Annual Inspection	<b>Inspection Information</b>	<b>Inspection No:</b> 290170
<b>Date Initiated:</b> 08/22/2019 1:36 PM	<b>Date Concluded:</b> 08/22/2019 2:36 PM	
<b>No. of Children Enrolled:</b> 12	<b>No. of Children Present:</b> 6	

<b>Inspection Report</b>		
<b>Background Checks</b>		<b>In Compliance</b>
<b>Supervision</b>		<b>In Compliance</b>
<b>General Administration</b>		<b>In Compliance</b>
<b>Provider Requirements</b>		<b>In Compliance</b>
<b>Provider Records</b>		<b>In Compliance</b>
<b>Programming</b>		<b>In Compliance</b>
<b>Premises</b>		<b>In Compliance</b>
<b>Hygienic Practices</b>		<b>In Compliance</b>
<b>First Aid/Medication</b>		<b>In Compliance</b>
<b>Outdoor Play Area</b>		<b>In Compliance</b>
<b>Equipment</b>		<b>In Compliance</b>
<b>Transportation</b>		<b>In Compliance</b>
<b>Food Service/Food Program</b>		<b>In Compliance</b>
<b>Food Service</b>		<b>In Compliance</b>
<b>Children's Records</b>		<b>In Compliance</b>

**Inspection Report**

**Written Documentation**

**Not In Compliance**

**800 - Policies**

**Not In Compliance**

**922 KAR 2:100 - Section 19. Certified Family Child-Care Home Program.**

**The certified family child-care home provider shall:**

- (1) Develop written information that specifies the:**
  - (a) Rate for child care;**
  - (b) Expected frequency of payment for the program;**
  - (c) Hours of operation; and**
  - (d) Policy regarding:**
    - 1. Late fees;**
    - 2. Holidays;**
    - 3. Vacation;**
    - 4. Illness; and**
    - 5. Emergency pick up;**

**Findings:**

General: Based on observation, review of documentation and interview, the provider did not have a written policy for reporting suspected child abuse/neglect.

**Posted/Available Documentation**

**In Compliance**

**Animals**

**Not Applicable**

**Posted Requirements**

**In Compliance**

Signature of Provider/Representative

Title

Date