



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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Eric Friedlander
SECRETARY

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INSPECTOR GENERAL

Inspection Report

Provider Name: Smith, Debra Sue	Provider Information Provider Type: CERTIFIED	CLR No: C5050
Provider Address: 989 Honeysuckle Road, Lexington, KY, 40504, 3217		Capacity: 6

Inspection Type: Annual Inspection	Inspection Information	Inspection No: 243525
Date Initiated: 05/02/2018 9:30 AM	Date Concluded: 05/02/2018 10:35 AM	
No. of Children Enrolled: 6	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
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, children with enrollment dates of 03/25/2018 and 05/02/2016 did not have a current immunization certificate on file in the facility.		
Written Documentation		In Compliance
Posted/Available Documentation		In Compliance
Animals		In Compliance
Posted Requirements		In Compliance

Signature of Provider/Representative

Title

Date