



**Andy Beshear**  
GOVERNOR

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

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**Inspection Report**

<b>Provider Name:</b> Aaron, Terry Lynn	<b>Provider Information</b> <b>Provider Type:</b> CERTIFIED	<b>CLR No:</b> C2057
<b>Provider Address:</b> 139 Clifton Parrigin Road, Albany, KY, 42602, 9520		<b>Capacity:</b> 6

<b>Inspection Type:</b> Annual Inspection	<b>Inspection Information</b>	<b>Inspection No:</b> 320277
<b>Date Initiated:</b> 03/21/2022 3:20 PM	<b>Date Concluded:</b> 03/21/2022 4:03 PM	
<b>No. of Children Enrolled:</b> 12	<b>No. of Children Present:</b> 4	

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	In Compliance
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 19. 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General: Based on review of documentation, the surveyor found a child's (DOE: 6/17/2020) immunization certificate was no longer current as of 6/3/2021; therefore, the child-care center failed to maintain a current immunization certificate for the child.

Staff stated the child has been sick and the child's pediatrician refuses to update the child's immunizations while the child is sick.

<b>Written Documentation</b>	<b>In Compliance</b>
<b>Posted/Available Documentation</b>	<b>In Compliance</b>

**Inspection Report**

**Animals**

**In Compliance**

**Posted Requirements**

**In Compliance**

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Signature of Provider/Representative

Title

Date