



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
Northern Branch
908 W. Broadway, 10-W
Louisville, KY 40203

Adam Mather
INSPECTOR GENERAL

Phone: (502) 595-5781 Fax: (502) 595-5773
<https://chfs.ky.gov/agencies/os/oig>

Inspection Report

| | | |
|--|--|----------------------|
| Provider Name: Callahan, Marcelline Margaret | Provider Information Provider Type: CERTIFIED | CLR No: C0904 |
| Provider Address: 1011 Thomas Road, Rineyville, KY, 40162, 9755 | | Capacity: 6 |

| | | |
|--|--|------------------------------|
| Inspection Type: Annual Inspection | Inspection Information | Inspection No: 247136 |
| Date Initiated: 10/05/2018 10:05 AM | Date Concluded: 10/05/2018 11:30 AM | |
| No. of Children Enrolled: 8 | No. of Children Present: 2 | |

| Inspection Report | |
|---|--------------------------|
| Background Checks | In Compliance |
| Supervision | In Compliance |
| General Administration | In Compliance |
| Provider Requirements | In Compliance |
| Provider Records | Not In Compliance |
| 265 - Provider Training Requirements | Not In Compliance |

922 KAR 2:100 - Section 10. Standards for the Provider.
(1)(a) A provider shall complete annually at least nine (9) hours of cabinet-approved early care and education training beginning with the second year of operation, including one and one-half (1½) hours of cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.8982(2):
1. Within the second year of employment or operation in child care; and
2. Every subsequent five (5) years of employment or operation in child care.

Findings:

General: Based on review of documentation and interview, the child care home failed to maintain provider records in accordance with regulations. Review of the child care provider's personnel files and ECE-TRIS report revealed the nine (9) hours of cabinet approved training was not presented for review at the time of survey. Interview with the provider revealed this information was unavailable at the time of survey.

| | |
|--------------------------------|----------------|
| 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 | In Compliance |
| Written Documentation | In Compliance |
| Posted/Available Documentation | In Compliance |

Inspection Report

Animals

In Compliance

Posted Requirements

In Compliance

Signature of Provider/Representative

Title

Date