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**Inspection Report**

<b>Provider Name:</b> Hatfield, Donna Gaye	<b>Provider Information</b>	<b>CLR No:</b> C0846
<b>Provider Address:</b> 106 Old Ridge Road, Middlesboro, KY, 40965	<b>Provider Type:</b> CERTIFIED	<b>Capacity:</b> 6

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 307846
<b>Date Initiated:</b> 06/23/2021 10:55 AM	<b>Date Concluded:</b> 06/23/2021 12:00 PM	
<b>No. of Children Enrolled:</b> 18	<b>No. of Children Present:</b> 9	

Inspection Report	
<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>Not In Compliance</b>

**250 - Adult in home/Assistant TB** **Not In Compliance**

**922 KAR 2:100 - Section 2. Certification Process.**  
**(5) An adult living in the home of the applicant, present during the hours of operation, or having unsupervised contact with a child in care, and the applicant's assistant shall:**  
**(b) Submit a copy of negative tuberculin results or a health professional's statement documenting that the adult is free of active tuberculosis.**

**Findings:**

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

1. A staff's (DOH: 11/15/1993) file did not contain documentation of a current TB skin test or a statement from a health professional stating that the adult was free from active tuberculosis. During interview, the provider stated that the adult had a TB skin test; however, she was unable to locate the documentation.
2. An adult's (DOH: 11/15/1993) file did not contain documentation of a current TB skin test or a statement from a health professional stating that the adult was free from active tuberculosis. During interview, the provider stated that the adult lives in the home and had a TB skin test; however, she was unable to locate the documentation.

<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>

**Inspection Report**

**Outdoor Play Area**

**Not In Compliance**

**525 - Outdoor Play Area Safe**

**Not In Compliance**

**922 KAR 2:100 - Section 12. The General Requirements of the Family Child-Care Home Environment.  
(13) An outdoor play area shall be free of unavoidable danger or risk.**

**Findings:**

General: Based on observation of the playground, the surveyor found the following:

- 1. A silver metal pole placed next to a building on the playground. During interview, the provider stated that metal pole goes to the fence and she would remove the pole from the playground.
- 2. Two (2) swing seats with chains placed on the ground in front of the steps that lead to the playground. During interview, the provider stated that she would remove the swing seats from the playground.

The items mentioned were observed to be within reach and accessible to the children.

**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 that a child's (DOE: 11/09/20) file contained an immunization certificate that was no longer current as of 05/03/21.

**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. A child's (DOE: 08/01/20) file did not contain the following information: authorization by the parent for the provider to seek emergency medical care for the child in the parent's absence, the name and phone number of each person to be contacted in an emergency, the name of each person who is designated in writing to pick-up the child, contact information for the child's parents, preferred family physician and hospital, and general health status and medical history including, if applicable, allergies and restrictions.
- 2. A child's (DOE: 11/09/20) file did not contain the preferred physician name or contact telephone number.
- 3. A child's (DOE: 11/09/20) file did not contain the contact telephone number for the child's preferred hospital.

**Written Documentation**

**In Compliance**

**Posted/Available Documentation**

**In Compliance**

**Animals**

**In Compliance**

**Posted Requirements**

**In Compliance**

Signature of Provider/Representative

Title

Date