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Inspection Report

Provider Name: Porter, Patricia Ann	Provider Information	CLR No: C1081
Provider Address: 3100 S Woodland Drive, Radcliff, KY, 40160	Provider Type: CERTIFIED	Capacity: 6

Inspection Type: Renewal Application	Inspection Information	Inspection No: 217756
Date Initiated: 12/12/2016 12:00 PM	Date Concluded: 12/12/2016 2:01 PM	
No. of Children Enrolled: 7	No. of Children Present: 5	

Inspection Report	
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	Not In Compliance
410 - Outdoor Play Area Safe	Not In Compliance
922 KAR 2:100 - Section 11. 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, an eight (8) inch gap was between the corner of the house and the fence in the outdoor play area.	
Equipment	In Compliance
Transportation	Not Applicable
Food Service	In Compliance
Children's Records	Not In Compliance
590 - 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, a child enrolled 2/24/15, did not have an immunization certificate on file.	

922 KAR 2:100 - Section 18. 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; and

Findings:

General: Based on Review of Documentation, a child enrolled on 7/12/10, two (2) children enrolled 1/20/15 and one (1) child enrolled 2/24/15, enrollment forms did not include the physician contact information. Two (2) children each enrolled 1/20/15 and a child enrolled 3/2/16, enrollment forms did not list the name of each child's preferred hospital. Also, a child enrolled 3/2/16, did not have authorization by the parent for the provider to seek emergency medical authorization.

Written Documentation	In Compliance
Posted Documentation	In Compliance
Animals	Not Applicable
Posted Requirements	In Compliance

Signature of Provider/Representative

Title

Date