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Inspection Report

Provider Name: Nanny's House Daycare & Preschool	Provider Information	CLR No: L354036
Provider Address: 222 Hopkinsville Street, Greenville, KY, 42345	Provider Type: LICENSED TYPE I	Capacity: 114
Owner(s): Nanny's House Daycare & Preschool, LLC		Director(s): Griffin, Shaune Marie

Inspection Type: Investigation	Inspection Information	Inspection No: 244408
Date Initiated: 04/10/2018 12:00 PM	Date Concluded: 04/10/2018 1:00 PM	
	No. of Children Present: 86	

Inspection Report	
Supervision	In Compliance
General Administration	In Compliance
Employee Records	Not In Compliance
400 - CPR/First Aid Coverage	Not In Compliance

922 KAR 2:090. Section 11. Staff Requirements.
(3) For a child-care center licensed for infant, toddler, or preschool-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:
(a) Infant and child cardiopulmonary resuscitation; and
(b) Infant and child first aid.
(4) For a child-care center licensed for school-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:
(a) Adult cardiopulmonary resuscitation; and
(b) First aid.

Findings:

General: Based on a Review of Documentation and interview on 04/10/18, the center did not have a staff person present with the children with current first aid certification from 5:30 am to 9:00 pm Monday thru Friday. First aid certification for staff expired 03/2018.

Children's Records	Not In Compliance
1135 - Immunization	Not In Compliance

922 KAR 2:090. Section 9. Records.
(1) A child-care center 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 a Review of Documentation, a child enrolled 3/1/17, had an immunization certificate which was valid until 1/18/18.

Signature of Provider/Representative

Title

Date