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**Inspection Report**

<b>Provider Name:</b> Curtis, Michelle Lynn	<b>Provider Information</b>	<b>CLR No:</b> C6686
<b>Provider Address:</b> 3384 Carriage Lane, Lexington, KY, 40517	<b>Provider Type:</b> CERTIFIED	<b>Capacity:</b> 6

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 216522
<b>Date Initiated:</b> 09/30/2016 10:15 AM	<b>Date Concluded:</b> 09/30/2016 11:20 AM	
<b>No. of Children Enrolled:</b> 6	<b>No. of Children Present:</b> 5	

<b>Inspection Report</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>In Compliance</b>
<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>
<b>Outdoor Play Area</b>		<b>In Compliance</b>
<b>Equipment</b>		<b>In Compliance</b>
<b>Transportation</b>		<b>Not Applicable</b>
<b>Food Service</b>		<b>In Compliance</b>

**Inspection Report**

**Children's Records**

**Not In Compliance**

**595 - Children's information**

**Not In Compliance**

**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, three (3) children's files were missing a preferred hospital. This area was left blank on the children's enrollment forms.

**Written Documentation**

**In Compliance**

**Posted Documentation**

**In Compliance**

**Animals**

**Not Applicable**

**Posted Requirements**

**In Compliance**

Signature of Provider/Representative

Title

Date