



**Andy Beshear**  
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES**  
**OFFICE OF INSPECTOR GENERAL**

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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

<b>Provider Name:</b> Rowan County Child Care	<b>Provider Information</b>	<b>CLR No:</b> L358478
<b>Provider Address:</b> 455 West Sun Street, Morehead, KY, 40351	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 60
<b>Owner(s):</b> Rowan County Schools		<b>Director(s):</b> Anderson, Shirley D

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 243947
<b>Date Initiated:</b> 04/23/2018 9:30 AM	<b>Date Concluded:</b> 04/23/2018 10:30 AM	
	<b>No. of Children Present:</b> 9	

<b>Inspection Report</b>	
<b>Background Checks</b>	<b>In Compliance</b>
<b>Supervision</b>	<b>In Compliance</b>
<b>Staffing Requirements</b>	<b>In Compliance</b>
<b>General Administration</b>	<b>In Compliance</b>
<b>Director Requirements</b>	<b>In Compliance</b>
<b>Employee 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>In Compliance</b>
<b>Food Service/Food Program</b>	<b>In Compliance</b>
<b>Food Service</b>	<b>In Compliance</b>

**Inspection Report**

**Children's Records**

**Not In Compliance**

**1140 - Enrollment Information**

**Not In Compliance**

**922 KAR 2:090. Section 9. Records.**

**(1) A child-care center 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 child-care center; and**

**3. To contain:**

**a. Identifying information about the child, which includes, at a minimum, the child's name, address, and date of birth;**

**b. Contact information to enable a person in charge 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 child-care center;**

**e. The name and phone number of each person to be contacted in an emergency involving or impacting the child;**

**f. Authorization by the parent for the child-care center to seek emergency medical care for the child in the parent's absence;**

**Findings:**

General: Based on Review of Documentation, one child with enrollment date of 08/23/2017 did not have preferred hospital listed in file.

**Written Documentation**

**In Compliance**

**Posted Documentation**

**In Compliance**

**Animals**

**In Compliance**

Signature of Provider/Representative

Title

Date