



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

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Governor

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Eric C. Friedlander
Secretary

Adam Mather
Inspector General

Inspection Report

Provider Name: Little Angels Primary House	Provider Information	CLR No: L356305
Provider Address: 820 Pennsylvania Avenue, Bardstown, KY, 40004	Provider Type: LICENSED TYPE I	Capacity: 180
Owner(s): Little Angels Primary House II, Llc		Director(s): Wells, Elissa Louise

Inspection Type: Investigation	Inspection Information	Inspection No: 244683
Date Initiated: 05/01/2018 2:35 PM	Date Concluded: 05/01/2018 4:10 PM	
	No. of Children Present: 65	

Inspection Report	
Director Requirements	Not In Compliance
350 - Health, Safety, Comfort	Not In Compliance
922 KAR 2:090. Section 10. Director Requirements and Responsibilities.	
(1) A director shall:	
(I) Assure the health, safety, and comfort of each child;	
Findings:	
General: Based on interview, the child care center director failed to assure compliance with regulatory requirements in regards to the health, safety and comfort of children in care. Interviews revealed a staff member was terminated on 3/28/18 due to concerns regarding the staff member forcing children in her room to hold a paper roll above their heads when they get into trouble.	
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 review of documentation, the child care center failed to maintain children's records in accordance with regulatory requirements. Review of presented children's records revealed children's files with enrollment dates 9/14/15, 3/29/18, and 6/22/15 that did not contain a current immunization certificate. Upon request, the director did not present a current immunization certificate for the aforementioned children at the time of the survey.	

Signature of
Provider/Representative

Title

Date