**Andy Beshear** 

**GOVERNOR** 



## KID013A v2.0

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

## Melissa A. Moore, Director

Division of Regulated Child Care Eastern Branch 455 Park Place, Suite 120A Lexington, KY 40511 Phone: (859) 246-2301 Fax: (859) 246-2307 https://chfs.ky.gov/agencies/os/oig Eric Friedlander SECRETARY

Adam Mather INSPECTOR GENERAL

|                                                              | Provider Information               |                                |
|--------------------------------------------------------------|------------------------------------|--------------------------------|
| Provider Name: KinderCare - Hebron                           | Provider Type: LICENSED TYPE I     | CLR No: L384124                |
| Provider Address: 2092 Medical Arts Drive, Hebron, KY, 41048 |                                    | Capacity: 180                  |
| Owner(s): Kindercare Erlanger                                |                                    | Director(s): Blackburn, Kylene |
|                                                              | Inspection Information             |                                |
| Inspection Type: Investigation                               |                                    | Inspection No: 318699          |
| Date Initiated: 09/22/2021 9:52 AM                           | Date Concluded: 09/23/2021 9:11 AM |                                |
|                                                              | No. of Children Present: 61        |                                |
|                                                              | Inspection Report                  |                                |
|                                                              | General Administration             | In Complian                    |
|                                                              | Director Requirements              | In Complian                    |
|                                                              | Employee Records                   | In Complian                    |

Signature of Provider/Representative

