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Inspection Report

Provider Name: Treasure House Child Development Center	Provider Information Provider Type: LICENSED TYPE I	CLR No: L353849
Provider Address: 203 West River Center Blvd., Covington, KY, 41011		Capacity: 188
Owner(s): Children, Inc.		Director(s): Rodriguez, Julie

Inspection Type: Investigation	Inspection Information	Inspection No: 292513
Date Initiated: 12/16/2019 1:00 PM	Date Concluded: 12/16/2019 1:50 PM	
	No. of Children Present: 81	

Inspection Report	
Supervision	Not In Compliance
100 - Activity Areas/Equipment/Materials	Not In Compliance
922 KAR 2:120. Section 3. General Requirements. (2) Activity areas, equipment, and materials shall be arranged so that the child's activity is adequately supervised by staff.	
Findings:	
General: Based on interview and review of documentation, a child went into a cubby area of the pre-kindergarten classroom and was not visible to the supervising staff while he accessed a staff member's purse.	
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: (l) Assure the health, safety, and comfort of each child;	
Findings:	
General: Based on interview and review of documentation, a child had access to a staff members purse and was able to obtain a cough drop, which the child then placed inside of his mouth.	
Premises	Not In Compliance
520 - Inaccessible Items	Not In Compliance
922 KAR 2:120. Section 3. General Requirements. (7) The following shall be inaccessible to a child in care: (a) Toxic cleaning supplies, poisons, and insecticides; (b) Matches, cigarettes, lighters, and flammable liquids; and (c) Personal belongings and medications of staff.	
Findings:	
General: Based on interview and review of documentation, a staff member left their purse on top of a black file cabinet in the cubby area of the pre-kindergarten classroom. The child accessed the staff member's purse and was able to procure a cough drop, which the child then placed into their mouth.	

Signature of Provider/Representative

Title

Date