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**Inspection Report**

<b>Provider Name:</b> Playground Station Inc.	<b>Provider Information</b>	<b>CLR No:</b> L358110
<b>Provider Address:</b> 3062 Old Owingsville Road, Mount Sterling, KY, 40353	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 49
<b>Owner(s):</b> Playground Station Inc.		<b>Director(s):</b> Willoughby, Karen Lynn

<b>Inspection Type:</b> Investigation	<b>Inspection Information</b>	<b>Inspection No:</b> 218628
<b>Date Initiated:</b> 01/20/2017 2:08 PM	<b>Date Concluded:</b> 01/20/2017 3:05 PM	
	<b>No. of Children Present:</b> 23	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	Not In Compliance
<b>35 - Adequate Adults/Qualified Staff</b>	<b>Not In Compliance</b>
<p><b>922 KAR 2:110. Section 5. Staff Requirements.</b></p> <p><b>(10) The minimum number of adult workers in a child-care center shall be sufficient to ensure that:</b></p> <p><b>(a) Minimum staff-to-child ratios in accordance with 922 KAR 2:120 are followed;</b></p> <p><b>(b) Each staff person under eighteen (18) years of age and each student trainee are under the direct supervision of a qualified staff person who meets the requirements of this section; and</b></p> <p><b>(c) Unless providing care with a qualified staff person, a person under the age of eighteen (18) shall not be counted as staff for the staff-to-child ratio.</b></p>	
<b>Findings:</b>	
<p>General: Based on Observation and a review of documentation, on 1/20/17 a staff member, which was 17 years-old, was supervising a group of eight (8) preschool children. The children ranged in age from three to five (3-5) years old. Upon the surveyor's arrival into the facility this staff member was observed in the hall way outside of the bathrooms with eight (8) children supervising them alone. The staff member took the children to the bathroom and then lead them upstairs into the preschool classroom. The staff member was observed working alone with the eight (8) children for approximately eight (8) minutes.</p>	
<b>Director Requirements</b>	<b>In Compliance</b>

Signature of Provider/Representative

Title

Date