



Andy Beshear
GOVERNOR

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

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SECRETARY

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Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Kids Care Child Development Center	Provider Information	CLR No: L383261
Provider Address: 9734 W. Hwy 80, Nancy, KY, 42544	Provider Type: LICENSED TYPE I	Capacity: 29
Owner(s): Kids Care Child Development Center, Llc		Director(s): Tudor, Heather Brooke

Inspection Type: Renewal Application	Inspection Information	Inspection No: 318043
Date Initiated: 08/31/2021 12:00 PM	Date Concluded: 08/31/2021 2:00 PM	
	No. of Children Present: 6	

Inspection Report		
	Background Checks	In Compliance
	Supervision	In Compliance
	Staffing Requirements	In Compliance
	General Administration	In Compliance
	Director Requirements	In Compliance
	Employee Records	In Compliance
	Programming	In Compliance
	Premises	In Compliance
	Hygienic Practices	In Compliance
	First Aid/Medication	In Compliance
	Outdoor Play Area	In Compliance
	Equipment	In Compliance
	Transportation	In Compliance
	Kitchen Requirements	In Compliance
	Food Service	In Compliance
	Meal Planning/Center Provides Meals	In Compliance
	Meal Planning/Center Does Not Provide Meals	In Compliance
	Children's Records	Not In Compliance
1245 - 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of documentation, the surveyor found a child's (DOE: 09/03/2018) file contained an immunization certificate that was no longer current as of 11/04/2020. During interview, staff reported that this was the most recent immunization certificate provided to the child care center.		

Inspection Report		
	Written Documentation	In Compliance
	Posted Documentation	In Compliance
	Animals	In Compliance

Signature of Provider/Representative

Title

Date