



**Andy Beshear**  
GOVERNOR

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

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SECRETARY

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INSPECTOR GENERAL

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**Inspection Report**

|   |  |                                       |
|---|--|---------------------------------------|
| <b>Provider Name:</b> Extended School Program at Stonewall Elementary | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L356179                |
| <b>Provider Address:</b> 3215 Cornwall Drive, Lexington, KY, 40503    |  | <b>Capacity:</b> 234                  |
| <b>Owner(s):</b> Lexington-fayette Urban County Government            |  | <b>Director(s):</b> Prater, Lee Marie |

|   |   |                              |
|---|---|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>             | <b>Inspection No:</b> 219231 |
| <b>Date Initiated:</b> 04/11/2017 2:20 PM   | <b>Date Concluded:</b> 04/11/2017 4:00 PM |                              |
|   | <b>No. of Children Present:</b> 115       |                              |

| Inspection Report      |                   |
|------------------------|-------------------|
| Supervision            | In Compliance     |
| Staffing Requirements  | In Compliance     |
| General Administration | In Compliance     |
| Director Requirements  | In Compliance     |
| Employee Records       | Not In Compliance |
| 320 - TB Verification  | Not In Compliance |

**922 KAR 2:110. Section 5. Staff Requirements.**  
**(1) Child-care center staff:**  
**(b) Shall provide, prior to employment and every two (2) years thereafter:**  
 1. A statement from a health professional that the individual is free of active tuberculosis; or  
 2. A copy of negative tuberculin results.

**Findings:**

General: Based on Review of Documentation, there was one (1) staff person with a hire date of 1/7/13 who had the results of a T.B. test dated 1/28/15. This exceeds the two-year minimum for a T.B. test.

|                       |                |
|-----------------------|----------------|
| 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  |
| Food Service          | In Compliance  |
| Children's Records    | In Compliance  |
| Written Documentation | In Compliance  |
| Posted Documentation  | In Compliance  |
| Animals               | Not Applicable |

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Signature of Provider/Representative

Title

Date