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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

Inspection No: 244620

	Inspection Report	
	Provider Information	
Provider Name: Kids N Kapers Daycare Center	Provider Type: LICENSED TYPE I	CLR No: L352362
Provider Address: 1896 Courtland Drive, Lexington, KY, 40505		Capacity: 40
Owner(s): Kids-n-kapers Daycare Center, Llc		Director(s): Marcum, Ester Elizabeth
	Increation Information	

Inspection Type: Renewal Application Date Initiated: 06/19/2018 9:15 AM Inspection Information

Date Concluded: 06/19/2018 10:30 AM

No. of Children Present: 29

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
Food Service/Food Program	Not Applicable
Food Service	In Compliance



Inspection	Poport
Inspection	Report

	Children's Records No.	ot In Compliand
40 - Enrollment Information	N	ot In Complian
922 KAR 2:090. Section 9. Records.		
(1) A child-care center shall maintain:		
(b) A written record for each child:		
1. Completed and signed by the child's parent;		
2. Retained on file on the first day the child attends the chi	Id-care center; and	
3. To contain:		
a. Identifying information about the child, which includes,	at a minimum, the child's name, address, and date of birth;	
b. Contact information to enable a person in charge to con	tact the child's:	
(i) Parent at the parent's home or place of employment;		
(ii) Family physician; and		
(iii) Preferred hospital;		
c. The name of each person who is designated in writing t	· · ·	
d. The child's general health status and medical history in	cluding, if applicable:	
(i) Allergies;		_
.,	th specific instructions from the child's parent or health professional; an	d
(iii) Permission from the parent for third-party professiona	•	
e. The name and phone number of each person to be conta		
T. Authorization by the parent for the child-care center to s	seek emergency medical care for the child in the parent's absence;	
Findings:		
General: Based on Review of Documentation, one child with enrollment	date of 12/04/2017 did not have preferred hospital listed in file.	
	Written Documentation	In Complian
	Posted Documentation	In Complian

Animals



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Not Applicable