



**Andy Beshear**  
GOVERNOR

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

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INSPECTOR GENERAL

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**Inspection Report**

<b>Provider Name:</b> Bluegrass Academy Childcare Center Jeffersontown	<b>Provider Information</b> <b>Provider Type:</b> LICENSED TYPE I	<b>CLR No:</b> L357695
<b>Provider Address:</b> 3830 Ruckriegel Parkway, Suite 124, Louisville, KY, 40299		<b>Capacity:</b> 150
<b>Owner(s):</b> Buttons & Bows Preschool of Louisville, INC		<b>Director(s):</b> Perry, Julie

<b>Inspection Type:</b> Investigation	<b>Inspection Information</b>	<b>Inspection No:</b> 306577
<b>Date Initiated:</b> 03/10/2021 8:20 AM	<b>Date Concluded:</b> 03/10/2021 9:50 AM	
	<b>No. of Children Present:</b> 63	

Inspection Report	
<b>Supervision</b>	<b>In Compliance</b>
<b>Staffing Requirements</b>	<b>In Compliance</b>
<b>General Administration</b>	<b>Not In Compliance</b>
<b>210 - Licensee Responsibility</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 8. General.</b> <b>(1) A licensee shall:</b> <b>(a) Be responsible for the operation of the child-care center pursuant to this administrative regulation, 922 KAR 2:120, and 922 KAR 2:280; and</b> <b>(b) Protect and assure the health, safety, and comfort of each child.</b>	
<b>Findings:</b>	
The licensee did not provide for the health, safety and comfort of a child in care. A child sustained an injury to his nose while napping sometime during a two hour nap time and none of the three staff were aware that the injury had occurred until near the end of nap time.	
<b>Director Requirements</b>	<b>Not In Compliance</b>
<b>365 - Altered/Falsified Records</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 10. Director Requirements and Responsibilities.</b> <b>(1) A director shall:</b> <b>(n) Assure each mandatory record specified in Section 9 of this administrative regulation has not been altered or falsified;</b>	
<b>Findings:</b>	
The director did not assure the requirements regarding altered records. A staff member added information to an incident report that was already signed by another staff member; therefore, the signed report was altered from its original form.	

Signature of Provider/Representative

Title

Date