



Andy Beshear
GOVERNOR

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

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Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Roper, Betty J	Provider Information	CLR No: C5166
Provider Address: 320 Glendale Avenue, Lexington, KY, 40511, 2122	Provider Type: CERTIFIED	Capacity: 6

Inspection Type: Annual Inspection	Inspection Information	Inspection No: 244554
Date Initiated: 07/27/2018 8:30 AM	Date Concluded: 07/27/2018 9:45 AM	
No. of Children Enrolled: 6	No. of Children Present: 5	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
General Administration	In Compliance
Provider Requirements	In Compliance
Provider Records	Not In Compliance
265 - Provider Training Requirements	Not In Compliance

922 KAR 2:100 - Section 10. Standards for the Provider.

(1)(a) A provider shall complete annually at least nine (9) hours of cabinet-approved early care and education training beginning with the second year of operation, including one and one-half (1½) hours of cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.8982(2):

- 1. Within the second year of employment or operation in child care; and**
- 2. Every subsequent five (5) years of employment or operation in child care.**

Findings:

General: Based on Review of Documentation, the provider did not have current documentation of completing Pediatric Abuse Head Trauma within the past five years of business. The documentation in the file provided for review listed the last completed class as 04/18/2013. A check of ECE-TRIS supports this finding.

Programming	In Compliance
Premises	In Compliance
Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	In Compliance
Transportation	Not Applicable
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	In Compliance
Written Documentation	In Compliance
Posted/Available Documentation	In Compliance

Inspection Report		
	Animals	In Compliance
	Posted Requirements	In Compliance

Signature of Provider/Representative

Title

Date