**Andy Beshear**
GOVERNOR

**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 Report

| Provider Information | | |
|---|---|---|
| **Provider Name:** Gloria Dei Lutheran Preschool | **Provider Type:** LICENSED TYPE I | **CLR No:** L354000 |
| **Provider Address:** 2718 Dixie Highway, Crestview Hills, KY, 41017 | | **Capacity:** 157 |
| **Owner(s):** Gloria Dei Lutheran Church Of Northern Kentucky, Inc. | | **Director(s):** Bechtol, Debra Lynn |

| Inspection Information | | |
|---|---|---|
| **Inspection Type:** Renewal Application | | **Inspection No:** 322696 |
| **Date Initiated:** 10/17/2022 10:00 AM | **Date Concluded:** 10/17/2022 11:48 AM | |
| | **No. of Children Present:** 52 | |

### 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** | **Not In Compliance** |

**585 - Premises Requirements**                                          **Not In Compliance**

> **922 KAR 2:120. Section 4. Premises Requirements.**
> **(1) The premises shall be:**
> **(a) Suitable for the purpose intended;**
> **(b) Kept clean and in good repair;**

**Findings:**

General: Based on observation, this regulatory requirement was not met. The boy's bathroom located near the indoor gross motor area contained three stained ceiling tiles.

| | |
|---|---|
| **Hygienic Practices** | **In Compliance** |
| **First Aid/Medication** | **In Compliance** |
| **Outdoor Play Area** | **In Compliance** |
| **Equipment** | **In Compliance** |
| **Transportation** | **Not Applicable** |
| **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** | **In Compliance** |
| **Written Documentation** | **In Compliance** |

Signature of Provider/Representative      Title      Date