



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

**Melissa A. Moore, Director**  
Division of Regulated Child Care  
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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                           |                                       |                                             |
|-----------------------------------------------------------|---------------------------------------|---------------------------------------------|
| <b>Provider Name:</b> Northern School Age Child Care      | <b>Provider Information</b>           | <b>CLR No:</b> L354093                      |
| <b>Provider Address:</b> 925 Hwy 177 E, Butler, KY, 41006 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 50                         |
| <b>Owner(s):</b> Pendleton County Board Of Education      |                                       | <b>Director(s):</b> Wright, Darlene Murrell |

|                                             |                                           |                              |
|---------------------------------------------|-------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>             | <b>Inspection No:</b> 246181 |
| <b>Date Initiated:</b> 09/05/2018 2:35 PM   | <b>Date Concluded:</b> 09/05/2018 3:30 PM |                              |
|                                             | <b>No. of Children Present:</b> 16        |                              |

| <b>Inspection Report</b>         |                       |
|----------------------------------|-----------------------|
| <b>Background Checks</b>         | <b>In Compliance</b>  |
| <b>Supervision</b>               | <b>In Compliance</b>  |
| <b>Staffing Requirements</b>     | <b>In Compliance</b>  |
| <b>General Administration</b>    | <b>In Compliance</b>  |
| <b>Director Requirements</b>     | <b>In Compliance</b>  |
| <b>Employee Records</b>          | <b>In Compliance</b>  |
| <b>Programming</b>               | <b>In Compliance</b>  |
| <b>Premises</b>                  | <b>In Compliance</b>  |
| <b>Hygienic Practices</b>        | <b>In Compliance</b>  |
| <b>First Aid/Medication</b>      | <b>In Compliance</b>  |
| <b>Outdoor Play Area</b>         | <b>In Compliance</b>  |
| <b>Equipment</b>                 | <b>In Compliance</b>  |
| <b>Transportation</b>            | <b>Not Applicable</b> |
| <b>Food Service/Food Program</b> | <b>In Compliance</b>  |
| <b>Food Service</b>              | <b>In Compliance</b>  |
| <b>Children's Records</b>        | <b>In Compliance</b>  |
| <b>Written Documentation</b>     | <b>In Compliance</b>  |
| <b>Posted Documentation</b>      | <b>In Compliance</b>  |
| <b>Animals</b>                   | <b>Not Applicable</b> |

Signature of Provider/Representative

Title

Date