



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

**Melissa A. Moore, Director**  
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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|  |  |   |
|--|--|---|
| <b>Provider Name:</b> The Wolves' Den Westridge Elementary         | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L358436                    |
| <b>Provider Address:</b> 200 Oak Ridge Drive, Frankfort, KY, 40601 |  | <b>Capacity:</b> 265                      |
| <b>Owner(s):</b> Franklin Co. Board Of Education                   |  | <b>Director(s):</b> Sanford, Tiffany Dawn |

|   |   |                              |
|---|---|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>             | <b>Inspection No:</b> 307019 |
| <b>Date Initiated:</b> 04/30/2021 4:00 PM   | <b>Date Concluded:</b> 04/30/2021 5:00 PM |                              |
|   | <b>No. of Children Present:</b> 17        |                              |

| Inspection Report                |  |                       |
|----------------------------------|--|-----------------------|
| <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>In Compliance</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> |
| <b>Emergency Regulation</b>      |  | <b>In Compliance</b>  |

Signature of Provider/Representative

Title

Date