



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
Northern Branch
908 W. Broadway, 10-W
Louisville, KY 40203

Adam Mather
INSPECTOR GENERAL

Phone: (502) 595-5781 Fax: (502) 595-5773
<https://chfs.ky.gov/agencies/os/oig>

Inspection Report

Provider Name: S.A.F.E. St. Athanasius After School Care	Provider Information Provider Type: LICENSED TYPE I	CLR No: L354419
Provider Address: 5915 Outer Loop Drive, Louisville, KY, 40219		Capacity: 130
Owner(s): St. Athanasius Parish		Director(s): McCabe, Deborah Renee

Inspection Type: Renewal Application	Inspection Information	Inspection No: 247488
Date Initiated: 01/29/2019 3:20 PM	Date Concluded: 01/29/2019 4:40 PM	
	No. of Children Present: 24	

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	In Compliance
Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	In Compliance
Transportation	In Compliance
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	In Compliance
Written Documentation	Not In Compliance
1170 - Professional Development	Not In Compliance
922 KAR 2:090. Section 9. Records. (1) A child-care center shall maintain: (f) A written annual plan for child-care staff professional development;	
Findings:	
General: Based on review of documentation and interview, the child care center failed to maintain written documentation in accordance with regulatory requirements. Review of the presented employee records revealed a staff member with hire date 11/28/16 whose file did not contain a current annual professional development plan. Upon request, the director did not present a current annual professional development plan for the aforementioned staff member at the time of the survey.	
Posted Documentation	In Compliance

Signature of Provider/Representative

Title

Date