



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

Andy Beshear
Governor

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Eric C. Friedlander
Secretary

Adam Mather
Inspector General

Inspection Report

Provider Name: Johnson's After School Activities Program at Our Lady of Mt. Carmel	Provider Information Provider Type: LICENSED TYPE I	CLR No: L354688
Provider Address: 7333 Southside Drive, Louisville, KY, 40214		Capacity: 173
Owner(s): Johnson Day Care, Inc.		Director(s): Johnson, Susan Carol

Inspection Type: Investigation	Inspection Information	Inspection No: 279103
Date Initiated: 03/27/2019 3:20 PM	Date Concluded: 03/27/2019 3:55 PM	
	No. of Children Present: 21	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	Not In Compliance

255 - Notification of Changes **Not In Compliance**

922 KAR 2:090. Section 12. Reports.
(4)(a) Written notification of the following shall be:
1. Made to the cabinet, in writing, to allow for approval before implementation:
a. Change of ownership;
b. Change of location;
c. Increase in capacity;
d. Change in hours of operation;
e. Change of services in the following categories:
(i) Infant;
(ii) Toddler;
(iii) Preschool-age;
(iv) School-age;
(v) Nontraditional hours; or
(vi) Transportation; or
f. Addition to or reduction of the square footage of a child-care center's premises;

Findings:

General: Based on observation, interview and review of documentation, the child care center failed to comply with regulatory requirements. Observation of the cafeteria revealed twenty-one (21) children in care. Interview with the staff in charge revealed the ages of the children in care ranged from four-years-old to twelve-years-old. Review of children's files confirmed there were four-year-old, preschool age children in care. Review of the child care center license revealed they are not approved for care of preschool age children. Review of the Division of Regulated Child Care records revealed the child care center is not licensed to provide care for preschool age children.

Signature of _____ Title _____ Date _____
 Provider/Representative