



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
Eastern Branch
455 Park Place, Suite 120A
Lexington, KY 40511

Adam Mather
INSPECTOR GENERAL

Phone: (859) 246-2301 Fax: (859) 246-2307
<https://chfs.ky.gov/agencies/os/oig>

Inspection Report

Provider Name: Clark County Child Development Center	Provider Information Provider Type: LICENSED TYPE I	CLR No: L359383
Provider Address: 41 North Main Street, Winchester, KY, 40391		Capacity: 193
Owner(s): Guardian Angels Enterprise Limited Liability Company		Director(s): Harris, Elizabeth

Inspection Type: Investigation	Inspection Information	Inspection No: 307234
Date Initiated: 05/12/2021 11:07 AM	Date Concluded: 05/25/2021 1:15 PM	
	No. of Children Present: 80	

Inspection Report	
Supervision	In Compliance
Employee Records	Not In Compliance
390 - Educational Requirements	Not In Compliance
922 KAR 2:090. Section 11. Staff Requirements. (1) Child-care center staff: (a) Hired after January 1, 2009, who have supervisory power over a minor and are not enrolled in secondary education, shall have a: 1. High school diploma; 2. GED or qualifying documentation from a comparable educational entity; or 3. Commonwealth Child Care Credential as described in 922 KAR 2:250;	
Findings:	
General: Based on review of documentation, a staff person hired on 4/30/2021, did not have proof of education on file.	
Written Documentation	Not In Compliance
1185 - Confidentiality/Maintenance/Access	Not In Compliance
922 KAR 2:090. Section 9. Records. (2) A child-care center shall: (a) Maintain the confidentiality of a child's record and information concerning a child or the child's parent; (b) Maintain all records for five (5) years; and (c) Provide the cabinet access and information in the completion of the investigation pursuant to KRS 620.030.	
Findings:	
General: Based on interview and review of documentation, the staff person in charge could not locate a former employee's personnel file upon request during the investigation.	

Signature of Provider/Representative

Title

Date