



**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**

<b>Provider Name:</b> Bright Days Child Development Center	<b>Provider Information</b>	<b>CLR No:</b> L350801
<b>Provider Address:</b> 706 Park Avenue, Newport, KY, 41071	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 145
<b>Owner(s):</b> Brighton Center, Inc.		<b>Director(s):</b> Frodge, Kim Rose

<b>Inspection Type:</b> Investigation	<b>Inspection Information</b>	<b>Inspection No:</b> 320860
<b>Date Initiated:</b> 03/28/2022 12:09 AM	<b>Date Concluded:</b> 03/28/2022 1:10 PM	
	<b>No. of Children Present:</b> 32	

<b>Inspection Report</b>	
<b>Supervision</b>	<b>In Compliance</b>
<b>Staffing Requirements</b>	<b>In Compliance</b>
<b>General Administration</b>	<b>Not In Compliance</b>
<b>225 - Licensee Responsibility</b>	<b>Not In Compliance</b>

**922 KAR 2:090. Section 8. General.**  
**(1) A licensee shall:**  
**(a) Be responsible for the operation of the child-care center pursuant to this administrative regulation, 922 KAR 2:120, and 922 KAR 2:280; and**  
**(b) Protect and assure the health, safety, and comfort of each child.**

**Findings:**

General: Based on interview and review of documentation, this regulatory requirement was not met.

On 3/22/2022, a staff member working in the Two-Year-Old Classroom, witnessed another staff member inappropriately grab a two-year-old child during naptime. The child tried to crawl off his cot, but the staff member grabbed his hair and leg, and pulled him back to the cot.

Based on review of documentation presented for review, the staff person received a written termination letter dated 3/22/2022, for physically handling the child in an inappropriate manner.

Signature of Provider/Representative

Title

Date