



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

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                                           |                                       |                                      |
|---------------------------------------------------------------------------|---------------------------------------|--------------------------------------|
| <b>Provider Name:</b> Baker Intermediate Afterschool                      | <b>Provider Information</b>           | <b>CLR No:</b> L383303               |
| <b>Provider Address:</b> 1 Educational Plaza Drive, Winchester, KY, 40391 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 100                 |
| <b>Owner(s):</b> Clark County Children's Council, Inc.                    |                                       | <b>Director(s):</b> Penn, Amy Louise |

|                                           |                                           |                              |
|-------------------------------------------|-------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Investigation     | <b>Inspection Information</b>             | <b>Inspection No:</b> 219404 |
| <b>Date Initiated:</b> 03/15/2017 3:21 PM | <b>Date Concluded:</b> 03/17/2017 3:52 PM |                              |
|                                           | <b>No. of Children Present:</b> 17        |                              |

| <b>Inspection Report</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> |

Signature of Provider/Representative

Title

Date