



**Andy Beshear**  
GOVERNOR

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

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<https://chfs.ky.gov/agencies/os/oig>

**Inspection Report**

<b>Provider Name:</b> Kidz Konnection Child Development Center	<b>Provider Information</b> <b>Provider Type:</b> LICENSED TYPE I	<b>CLR No:</b> L356151
<b>Provider Address:</b> 2336 Lexington Road, Richmond, KY, 40475		<b>Capacity:</b> 87
<b>Owner(s):</b> Lexington Road Church Of God		<b>Director(s):</b> Ratliff, Debra Louise

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 292691
<b>Date Initiated:</b> 09/11/2020 11:30 AM	<b>Date Concluded:</b> 09/11/2020 1:20 PM	
	<b>No. of Children Present:</b> 10	

Inspection Report	
<b>Background Checks</b>	<b>In Compliance</b>
<b>Supervision</b>	<b>In Compliance</b>
<b>Staffing Requirements</b>	<b>In Compliance</b>
<b>General Administration</b>	<b>In Compliance</b>
<b>Director Requirements</b>	<b>Not In Compliance</b>
<b>350 - Health, Safety, Comfort</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 10. Director Requirements and Responsibilities.</b> <b>(1) A director shall:</b> <b>(l) Assure the health, safety, and comfort of each child;</b>	
<b>Findings:</b>	
General: Based on observation, the surveyor found the toddler room was too dark. Therefore, the health, safety and comfort of each child was compromised.	
During interview staff agreed the room was to dark.	
<b>Employee Records</b>	<b>In Compliance</b>
<b>Programming</b>	<b>In Compliance</b>
<b>Premises</b>	<b>In Compliance</b>
<b>Hygienic Practices</b>	<b>In Compliance</b>
<b>First Aid/Medication</b>	<b>In Compliance</b>
<b>Outdoor Play Area</b>	<b>In Compliance</b>
<b>Equipment</b>	<b>In Compliance</b>
<b>Transportation</b>	<b>In Compliance</b>
<b>Food Service/Food Program</b>	<b>In Compliance</b>
<b>Food Service</b>	<b>In Compliance</b>
<b>Children's Records</b>	<b>In Compliance</b>
<b>Written Documentation</b>	<b>In Compliance</b>
<b>Posted Documentation</b>	<b>In Compliance</b>

**Inspection Report**

**Animals**

**Not Applicable**

**Emergency Regulation**

**In Compliance**

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Signature of Provider/Representative

Title

Date