



Andy Beshear
GOVERNOR

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

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>

Eric Friedlander
SECRETARY

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Kinder Care Learning Center #936	Provider Information	CLR No: L353100
Provider Address: 2611 Wilhite Drive, Lexington, KY, 40503	Provider Type: LICENSED TYPE I	Capacity: 99
Owner(s): Kindercare Learning Centers Llc		Director(s): Cebok, Adrienne

Inspection Type: Investigation	Inspection Information	Inspection No: 307200
Date Initiated: 05/06/2021 1:00 PM	Date Concluded: 05/12/2021 2:20 PM	
	No. of Children Present: 68	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	Not In Compliance
180 - Plan of Correction/15 days	Not In Compliance
922 KAR 2:090. Section 15. Statement of Deficiency and Corrective Action Plans. (2) Except for a violation posing an immediate threat as handled in accordance with KRS 199.896(5)(c), a child-care center shall submit a written corrective action plan to the cabinet or its designee within fifteen (15) calendar days of the date of the statement of deficiency to eliminate or correct the regulatory violation.	
Findings: A PLAN OF CORRECTION WAS DUE ON 06/11/2021 AND AS OF 06/14/2021, THE PLAN OF CORRECTION HAS NOT BEEN RECEIVED.	
245 - Staff Awake on Duty	Not In Compliance
922 KAR 2:090. Section 11. Staff Requirements. (13) Each staff person shall remain awake while on duty except as specified in 922 KAR 2:120, Section 2(11)(f).	
Findings: General: Based on interview, a staff person fell asleep while on duty in the preschool classroom during naptime on 4/15/2021. The staff person's co-worker stated that he was asleep for approximately ten minutes before she "nudged" him awake. It is important to note, the staff person was terminated because of the incident.	

Signature of Provider/Representative

Title

Date