Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Melissa A. Moore, Director
Division of Regulated Child Care
Western Branch
901 B South Main Street
Hopkinsville, KY 42240
Phone: (270) 889-6052 Fax: (270) 889-6089
https://chfs.ky.gov/agencies/os/oig

Eric Friedlander
SECRETARY

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Information

Provider Name: Millbrooke Elementary Child Care Services
Provider Type: LICENSED TYPE I
CLR No: L357781
Provider Address: 415 Millbrooke Drive, Hopkinsville, KY, 42240
Capacity: 200
Owner(s): Christian County Board Of Education
Director(s): Wharton, Laurie Ann

Inspection Information

Inspection Type: Renewal Application
Inspection No: 279069
Date Initiated: 05/08/2019 2:12 PM
Date Concluded: 05/08/2019 4:30 PM
No. of Children Present: 94

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	In Compliance
Employee Records	In Compliance
Programming	In Compliance
Premises	In Compliance
Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	Not In Compliance

755 - Protective Surface — **Not In Compliance**

922 KAR 2:120. Section 4. Premises Requirements.
(21) A protective surface shall:
(a) Be provided for outdoor play equipment used to:
1. Climb;
2. Swing; and
3. Slide; and
(b) Have a fall zone equal to the height of the equipment.

Findings:

General: Based on observation, one (1) climbing apparatus had a thin layer of mulch underneath. Rocks protruded above the mulch two (2) inches. Twelve (12), metal rods protruded two (2) to three (3) inches from the plastic border on the outdoor playground.

Equipment	In Compliance
Transportation	Not Applicable
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	In Compliance

Inspection Report	
Written Documentation	**In Compliance**
Posted Documentation	**In Compliance**
Animals	**Not Applicable**

Signature of Provider/Representative Title Date