**Andy Beshear**
GOVERNOR

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

# Inspection Report

**Provider Information**

**Provider Name:** Ashland Child Development Center
**Provider Type:** LICENSED TYPE I
**License No:** L350033
**Provider Address:** 1516 Central Avenue, Ashland, KY, 41101
**Capacity:** 99
**Owner(s):** The Ashland Child Development Center, Inc.
**Director(s):** Conley, Susan

**Inspection Information**

**Inspection Type:** Investigation
**Inspection No:** 106129
**Visit Start Date:** 06/17/2014 1:00 PM
**Visit End Date:** 06/20/2014 9:30 AM
**No. of Children Present:**

**Inspection Report**

**General Administration**

**115 - Reports to Cabinet** — **In Compliance**

**922 KAR 2:110. Section 6. Reports.**
**(1) The following shall be reported to the cabinet or designee and other agencies specified in this section within twenty-four (24) hours from the time of discovery:**
**(a) Communicable disease, which shall also be reported to the local health department pursuant to KRS 214.010;**
**(b) An accident or injury to a child that requires medical care;**
**(c) An incident that results in legal action by or against the child-care center that:**
**1. Affects a child or staff person; or**
**2. Includes the center's discontinuation or disqualification from a governmental assistance program due to fraud or abuse;**
**(d) An incident involving fire or other emergency, including a vehicular accident when the center is transporting a child receiving child care services; or**
**(e) A report of child abuse or neglect that:**
**1. Has been accepted by the cabinet in accordance with 922 KAR 1:330; and**
**2. Names a director, employee, volunteer, or person with supervisory or disciplinary control over, or having unsupervised contact with a child in care as the alleged perpetrator.**

**Director Requirements**

**265 - Health, Safety, Comfort** — **In Compliance**

**922 KAR 2:110. Section 4. Director Requirements and Responsibilities.**
**(1) Effective with the adoption of this administrative regulation, a director shall:**
**(l) Provide for the health, safety, and comfort of each child;**

**Employee Records**

**325 - CPR/First Aid Coverage** — **In Compliance**

**922 KAR 2:110. Section 5. Staff Requirements.**
**(3) For a child-care center licensed for infant, toddler, or preschool-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:**
**(a) Infant and child cardiopulmonary resuscitation; and**
**(b) Infant and child first aid.**
**(4) For a child-care center licensed for school-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:**
**(a) Adult cardiopulmonary resuscitation; and**
**(b) First aid.**

**345 - Driver Requirements** — **Not In Compliance**

**922 KAR 2:120. Section 12. Transportation.**
**(18) A driver of a vehicle transporting a child for a center shall:**
**(a) Be at least twenty-one (21) years old;**
**(b) Complete:**
**1. The background checks as described in 922 KAR 2:110; and**
**2. An annual check of the:**
**a. Kentucky driver history records in accordance with KRS 186.018; or**
**b. Driver history records through the state transportation agency that issued the driver's license;**
**(c) Hold a current driver's license which has not been suspended or revoked during the last five (5) years; and**
**(d) Not caused an accident which resulted in the death of a person.**

**Findings:**

General: Based on Interview, it was found that the facility failed to obtain a driving record from the state transportation agency that issued the driver's license for the driver hired on 5-18-14.

## Transportation

**780 - Transportation Compliance** — **In Compliance**

**922 KAR 2:120. Section 12. Transportation.**
**(1) A center shall document compliance with KRS Chapter 186 and 603 KAR 5:072 pertaining to:**
**(a) Vehicles;**
**(b) Drivers; and**
**(c) Insurance.**

Signature of Provider/Representative | Title | Date