



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

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Southern Branch  
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INSPECTOR GENERAL

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**Inspection Report**

|   |  |  |
|---|--|--|
| <b>Provider Name:</b> Somerset School Age Child Care Program  | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L353799                     |
| <b>Provider Address:</b> 305 College St., Somerset, KY, 42501 |  | <b>Capacity:</b> 98                        |
| <b>Owner(s):</b> Somerset Board Of Education                  |  | <b>Director(s):</b> Brinson, Diana Darlene |

|   |   |                              |
|---|---|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>             | <b>Inspection No:</b> 289701 |
| <b>Date Initiated:</b> 09/17/2019 2:55 PM   | <b>Date Concluded:</b> 09/17/2019 4:15 PM |                              |
|   | <b>No. of Children Present:</b> 67        |                              |

| <b>Inspection Report</b>         |  |                      |
|----------------------------------|--|----------------------|
| <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>In Compliance</b> |
| <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> |
| <b>Animals</b>                   |  | <b>In Compliance</b> |

Signature of Provider/Representative

Title

Date