



Andy Beshear
GOVERNOR

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

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SECRETARY

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INSPECTOR GENERAL

Inspection Report

Provider Name: The Children's House of Hebron	Provider Information	License No: L358943
Provider Address: 2151 North Bend Road, Hebron, KY, 41048	Provider Type: LICENSED TYPE I	Capacity: 240
Owner(s): The Children's House Of Hebron, LLC		Director(s): Watters, Holly Renee

Inspection Type: Investigation	Inspection Information	Inspection No: 216202
Visit Start Date: 07/07/2016 1:00 PM	Visit End Date: 07/07/2016 2:00 PM	
	No. of Children Present: 101	

Inspection Report

General Administration

160 - Report to Cabinet

In Compliance

922 KAR 2:090. Section 11. Basis for Denial, Suspension or Revocation.

(4) Each licensee shall report to the cabinet or its designee if the:

- (a) Licensee or an individual described in Section 6(4) of this administrative regulation meets a criterion of subsection (3) of this section; or
- (b) Licensee meets a criterion of subsection (7)(j) of this section.

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.

Signature of
Provider/Representative

Title

Date