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GOVERNOR

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Inspection Report

Provider Name: Bobcat Mountain	Provider Information	CLR No: L355592
Provider Address: 6725 Shelbyville Road, Simpsonville, KY, 40067	Provider Type: LICENSED TYPE I	Capacity: 100
Owner(s): Shelby County Public Schools		Director(s): Simpson, Tammy Sue

Inspection Type: Renewal Application	Inspection Information	Inspection No: 290369
Date Initiated: 09/24/2019 1:20 PM	Date Concluded: 09/24/2019 3:00 PM	
	No. of Children Present: 45	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	In Compliance
Employee Records	Not In Compliance

405 - Adequate Substitute(s) **Not In Compliance**

922 KAR 2:090. Section 11. Staff Requirements.
(6) Child-care centers shall have available in case of need:
(a) One (1) qualified substitute staff person for a Type II child-care center; or
(b) Two (2) qualified substitute staff persons for a Type I child-care center.
(7) Each qualified substitute staff person shall:
(a) Meet the staff requirements of this administrative regulation; and
(b) Provide the required documentation to verify compliance with this administrative regulation.

Findings:

General: Based on interview and review of documentation, the child care center failed to maintain employee records in accordance with regulatory requirements. Upon request, the staff in charge did not provide verification that the child care center had employed at least two (2) qualified substitute staff persons. Review of documentation presented revealed only one (1) qualified substitute was employed.

Programming	In Compliance
Premises	In Compliance
Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	In Compliance
Transportation	In Compliance
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

In Compliance

Signature of Provider/Representative

Title

Date