



**Andy Beshear**  
GOVERNOR

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

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**Eric Friedlander**  
SECRETARY

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

<b>Provider Name:</b> Sedalia Y's Guys	<b>Provider Information</b>	<b>CLR No:</b> L356515
<b>Provider Address:</b> 5252 State Route 97, Mayfield, KY, 42066	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 170
<b>Owner(s):</b> Mayfield-Graves County YMCA, Inc.		<b>Director(s):</b> Gossum, Johnny

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 290675
<b>Date Initiated:</b> 10/04/2019 2:00 PM	<b>Date Concluded:</b> 10/04/2019 3:45 PM	
	<b>No. of Children Present:</b> 12	

Inspection Report		
	<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>Not In Compliance</b>
<b>755 - Protective Surface</b>		<b>Not In Compliance</b>
<b>922 KAR 2:120. Section 4. Premises Requirements.</b> <b>(21) A protective surface shall:</b> <b>(a) Be provided for outdoor play equipment used to:</b> <b>1. Climb;</b> <b>2. Swing; and</b> <b>3. Slide; and</b> <b>(b) Have a fall zone equal to the height of the equipment.</b>		
<b>Findings:</b>		
General: Based on observation, sparse wood chips and dirt were underneath two (2) monkey bars on the outdoor playground.		
	<b>Equipment</b>	<b>In Compliance</b>
	<b>Transportation</b>	<b>Not Applicable</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>

Inspection Report		
Posted Documentation		In Compliance
Animals		In Compliance

Signature of Provider/Representative

Title

Date