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GOVERNOR

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

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INSPECTOR GENERAL

**Inspection Report**

<b>Provider Name:</b> Derby Club (The)	<b>Provider Information</b>	<b>CLR No:</b> L354492
<b>Provider Address:</b> 367 Bethlehem Road, Paris, KY, 40361	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 385
<b>Owner(s):</b> Bourbon County Board Of Education		<b>Director(s):</b> Earlywine, Danita

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 243999
<b>Date Initiated:</b> 03/14/2018 3:15 PM	<b>Date Concluded:</b> 03/14/2018 4:20 PM	
	<b>No. of Children Present:</b> 35	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	Not In Compliance
<b>345 - Staff Evaluation</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 10. Director Requirements and Responsibilities.</b> <b>(1) A director shall:</b> <b>(j) Assess each staff person's interaction with children in care and classroom performance through an annual written performance evaluation;</b>	
<b>Findings:</b> General: Based on Review of Documentation, four (4) staff eligible for an annual performance review did not have documentation of a review on file in the facility.	
Employee Records	Not In Compliance
<b>395 - TB Verification</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 11. Staff Requirements.</b> <b>(1) Child-care center staff:</b> <b>(b) Shall provide, prior to employment and every two (2) years thereafter:</b> <b>1. A statement from a health professional that the individual is free of active tuberculosis; or</b> <b>2. A copy of negative tuberculin results.</b>	
<b>Findings:</b> General: Based on Review of Documentation, this regulatory requirement was not met. Three (3) staff files (hire dates: 12/28/15, 11/15/13 and 8/20/15) contained results of negative T.B. tests that are no longer current. The tests were dated 12/15/15, 11/13/15 and 4/28/15 which exceeds the two (2) year time frame.	

# Inspection Report

## 410 - Training

Not In Compliance

### 922 KAR 2:090. Section 11. Staff Requirements.

- (16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:
- (a) Six (6) hours of cabinet-approved orientation within the first three (3) months of employment;
  - (b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment, including one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training; and
  - (c) Fifteen (15) hours of cabinet-approved early care and education training during each subsequent year of employment, including one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

#### Findings:

General: Based on Review of Documentation and the Training Records Information System (TRIS), this regulatory requirement was not met. Three (3) staff files (hire dates: 1/19/95, 2/1/16 and 2/4/15) did not contain the required fifteen (15) hours of training.

Programming	In Compliance
Premises	In Compliance
Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	In Compliance
Transportation	Not Applicable
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	In Compliance
Written Documentation	Not In Compliance

## 1170 - Professional Development

Not In Compliance

### 922 KAR 2:090. Section 9. Records.

- (1) A child-care center shall maintain:
- (f) A written annual plan for child-care staff professional development;

#### Findings:

General: Based on Review of Documentation, this regulatory requirement was not met. Two (2) employee files (hire date: 1/19/95 and 2/4/15) did not have a current annual professional development on file at the facility. The last professional development plans that had been completed on these two (2) staff were from 2015. Two (2) additional employee files (hire dates: 2/1/16 and 8/20/15) had professional development plans. These plans were not dates; therefore, the surveyor was unable to determine if they were current.

## 1195 - Fire Drills

Not In Compliance

### 922 KAR 2:120. Section 3. General Requirements.

- (12) A fire drill shall be conducted during hours of operation:
- (a) At least monthly; and
  - (b) Documented.
- (13) An earthquake drill and a tornado drill shall be:
- (a) Conducted during hours of operation at least quarterly; and
  - (b) Documented.

#### Findings:

General: Based on Review of Documentation and interview, this regulatory requirement was not met. A review of the emergency drill log on file found that the facility's last documented fire drill was 9/6/17; therefore, fire drills are not conducted monthly. The last documented earthquake and tornado drills were documented in August 2017; therefore, these drills are not conducted quarterly. The staff person in charge stated that additional drills have been conducted; however, documentation was not available for the surveyor to review.

Posted Documentation	In Compliance
Animals	In Compliance

Signature of Provider/Representative

Title

Date