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Inspection Report

Provider Name: Beaumont Centre Family YMCA-SACC	Provider Information	License No: L383341
Provider Address: 3251 Beaumont Centre Circle, Lexington, KY, 40513	Provider Type: LICENSED TYPE I	Capacity: 130
Owner(s): Young Men's Christian Association Of Central Kentucky, Inc.		Director(s): Hubbard, Jennifer Kay

Inspection Type: Investigation	Inspection Information	Inspection No: 214616
Visit Start Date: 03/14/2016 11:00 AM	Visit End Date: 03/14/2016 11:30 AM	
	No. of Children Present: 47	

Inspection Report	
Transportation	
795 - Transportation Notification/Plan for Ensuring Staff Duties	In Compliance
<p>922 KAR 2:120. Section 12. Transportation.</p> <p>(3) Prior to transporting a child, a center providing transportation services of a child shall notify the cabinet or its designee in writing of the:</p> <p>(c) Plan for ensuring staff perform duties relating to transportation properly;</p>	
800 - Transportation Notification/Full Coverage Insurance	In Compliance
<p>922 KAR 2:120. Section 12. Transportation.</p> <p>(3) Prior to transporting a child, a center providing transportation services of a child shall notify the cabinet or its designee in writing of the:</p> <p>(d) Full insurance coverage for each vehicle;</p>	
805 - Transportation Notification/Policy & Procedures Regarding Emergency Plan for Evacuation	In Compliance
<p>922 KAR 2:120. Section 12. Transportation.</p> <p>(3) Prior to transporting a child, a center providing transportation services of a child shall notify the cabinet or its designee in writing of the:</p> <p>(e) Agency policy and procedures relating to an emergency plan for evacuating the vehicle;</p>	
820 - Vehicle Equipment	In Compliance
<p>922 KAR 2:120. Section 12. Transportation.</p> <p>(4) A vehicle used to transport children shall be equipped with:</p> <p>(a) A fire extinguisher;</p> <p>(b) First aid supplies as described in Section 7 of this administrative regulation;</p> <p>(c) Emergency reflective triangles; and</p> <p>(d) A device to cut the restraint system, if necessary.</p>	

Signature of
Provider/Representative

Title

Date

