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GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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Inspection Report

Provider Name: YMCA Learn & Play Enrichment	Provider Information	CLR No: L384159
Provider Address: 734 Us-68, Maysville, KY, 41056	Provider Type: LICENSED TYPE I	Capacity: 110
Owner(s): Limestone Family YMCA, Inc.		Director(s): Gentry, Lola

Inspection Type: Investigation	Inspection Information	Inspection No: 307916
Date Initiated: 04/14/2021 12:30 PM	Date Concluded: 04/14/2021 1:30 PM	
	No. of Children Present: 52	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	Not In Compliance
180 - Plan of Correction/15 days	Not In Compliance

922 KAR 2:090. Section 15. Statement of Deficiency and Corrective Action Plans.
(2) Except for a violation posing an immediate threat as handled in accordance with KRS 199.896(5)(c), a child-care center shall submit a written corrective action plan to the cabinet or its designee within fifteen (15) calendar days of the date of the statement of deficiency to eliminate or correct the regulatory violation.

Findings:

A PLAN OF CORRECTION WAS DUE ON 09/03/2021 AND AS OF 10/01/2021, THE PLAN OF CORRECTION HAS NOT BEEN RECEIVED.

210 - Licensee Responsibility	Not In Compliance
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922 KAR 2:090. Section 8. General.
(1) A licensee shall:
(a) Be responsible for the operation of the child-care center pursuant to this administrative regulation, 922 KAR 2:120, and 922 KAR 2:280; and
(b) Protect and assure the health, safety, and comfort of each child.

Findings:

General: Based on interview, it was found that a two-year-old child climbed a chain-link fence on the playground and fell onto an asphalt patch on the other side. The child hit his head on the asphalt. The staff person supervising the child stated that she was talking to a parent at the time of the incident. It was stated that she saw the child as he reached the top of the fence and ran to get him down. She did not make it to the child in time to keep the child from falling to the other side.

Signature of Provider/Representative

Title

Date