



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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SECRETARY

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Inspection Report

Provider Name: The Salvation Army Boys and Girls Club	Provider Information Provider Type: LICENSED TYPE I	License No: L357066
Provider Address: 736 West Main Street, Lexington, KY, 40508		Capacity: 115
Owner(s): THE SALVATION ARMY (NEW YORK)		Director(s): Van Fossen, Scott

Inspection Type: Investigation	Inspection Information	Inspection No: 215893
Visit Start Date: 06/14/2016 10:00 AM	Visit End Date: 06/14/2016 10:15 AM	
No. of Children Present:		

Inspection Report

General Administration

160 - Report to Cabinet	In Compliance
<p>922 KAR 2:090. Section 11. Basis for Denial, Suspension or Revocation. (4) Each licensee shall report to the cabinet or its designee if the: (a) Licensee or an individual described in Section 6(4) of this administrative regulation meets a criterion of subsection (3) of this section; or (b) Licensee meets a criterion of subsection (7)(j) of this section.</p>	

Director Requirements

265 - Health, Safety, Comfort	In Compliance
<p>922 KAR 2:110. Section 4. Director Requirements and Responsibilities. (1) Effective with the adoption of this administrative regulation, a director shall: (l) Provide for the health, safety, and comfort of each child;</p>	

Employee Records

325 - CPR/First Aid Coverage	Not Inspected
<p>922 KAR 2:110. Section 5. Staff Requirements. (3) For a child-care center licensed for infant, toddler, or preschool-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills: (a) Infant and child cardiopulmonary resuscitation; and (b) Infant and child first aid. (4) For a child-care center licensed for school-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills: (a) Adult cardiopulmonary resuscitation; and (b) First aid.</p>	

Signature of
Provider/Representative

Title

Date

