



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

**Melissa A. Moore, Director**  
Division of Regulated Child Care  
Eastern Branch  
455 Park Place, Suite 120A  
Lexington, KY 40511

**Adam Mather**  
INSPECTOR GENERAL

Phone: (859) 246-2301 Fax: (859) 246-2307  
<https://chfs.ky.gov/agencies/os/oig>

**Inspection Report**

|   |  |  |
|---|--|--|
| <b>Provider Name:</b> Woodfill Elementary After School Program Campbell County YMCA | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L353895                             |
| <b>Provider Address:</b> 1025 Alexandria Pike, Ft. Thomas, KY, 41075                |  | <b>Capacity:</b> 51                                |
| <b>Owner(s):</b> Young Men's Christian Association Of Greater Cincinnati, Inc       |  | <b>Director(s):</b> Boop, Anne; Berberich, Jessica |

|   |   |                              |
|---|---|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>             | <b>Inspection No:</b> 217741 |
| <b>Date Initiated:</b> 01/25/2017 3:00 PM   | <b>Date Concluded:</b> 01/25/2017 4:00 PM |                              |
|   | <b>No. of Children Present:</b> 22        |                              |

| Inspection Report      |                   |
|------------------------|-------------------|
| Supervision            | In Compliance     |
| Staffing Requirements  | In Compliance     |
| General Administration | In Compliance     |
| Director Requirements  | In Compliance     |
| Employee Records       | Not In Compliance |

**300 - Background checks/left alone** **Not In Compliance**

**922 KAR 2:090. Section 6. License Issuance.**  
**(5) An individual described in subsection (4) of this section shall:**  
**(a) Submit to background checks described in paragraph (b) of this subsection;**  
**(b) May be employed or work with a child on a probationary basis for up to ninety (90) calendar days, pending completion of a:**  
**1. Child abuse or neglect check using the central registry in accordance with 922 KAR 1:470;**  
**2. Criminal records check required by KRS 199.896(19);**  
**3. Criminal records check for any previous state of residence if the person resided outside the state of Kentucky in the last five (5) years; and**  
**4. An address check of the Sex Offender Registry; and**  
**(c) Not be left alone in the presence of a child until copies of the background checks in accordance with paragraph (b) of this subsection have been received by the licensee.**

**Findings:**

General: Based on Review of Documentation, there were two (2) staff who did not have evidence the criminal records check was submitted prior to employment. A staff person hired 2/18/16 had a criminal records check dated 3/11/16. A staff person hired 9/12/16 had a criminal records check dated 9/18/16. There was no documentation of when the request for the criminal records check was submitted for either staff.

**320 - TB Verification** **Not In Compliance**

**922 KAR 2:110. Section 5. Staff Requirements.**  
**(1) Child-care center staff:**  
**(b) Shall provide, prior to employment and every two (2) years thereafter:**  
**1. A statement from a health professional that the individual is free of active tuberculosis; or**  
**2. A copy of negative tuberculin results.**

**Findings:**

General: Based on Review of Documentation, there were two (2) staff who did not have evidence of being free of TB prior to employment. A staff person hired 2/18/16 had documentation dated 2/26/16. A staff person hired 9/16/16 had documentation dated 9/21/16.

**Inspection Report**

|                              |                       |
|------------------------------|-----------------------|
| <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>In Compliance</b>  |
| <b>Equipment</b>             | <b>In Compliance</b>  |
| <b>Transportation</b>        | <b>Not Applicable</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>  |
| <b>Posted Documentation</b>  | <b>In Compliance</b>  |
| <b>Animals</b>               | <b>Not Applicable</b> |

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Signature of Provider/Representative

Title

Date