



**Andy Beshear**  
GOVERNOR

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

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**Eric Friedlander**  
SECRETARY

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                                                  |                                                                      |                                         |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------|
| <b>Provider Name:</b> Paris-Bourbon County YMCA Child Development Center         | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>License No:</b> L355298              |
| <b>Provider Address:</b> 917 Main Street, Paris, KY, 40361                       |                                                                      | <b>Capacity:</b> 128                    |
| <b>Owner(s):</b> Young Men's Christian Association Of Paris-bourbon County, Inc. |                                                                      | <b>Director(s):</b> Thomas, Rebecca Sue |

|                                             |                                           |                             |
|---------------------------------------------|-------------------------------------------|-----------------------------|
| <b>Inspection Type:</b> Investigation       | <b>Inspection Information</b>             | <b>Inspection No:</b> 95948 |
| <b>Visit Start Date:</b> 06/02/2014 3:00 PM | <b>Visit End Date:</b> 06/03/2014 2:00 PM |                             |
| <b>No. of Children Present:</b>             |                                           |                             |

**Inspection Report**

**General Administration**

**115 - Reports to Cabinet**

**In Compliance**

**922 KAR 2:110. Section 6. Reports.**

- (1) The following shall be reported to the cabinet or designee and other agencies specified in this section within twenty-four (24) hours from the time of discovery:
- (a) Communicable disease, which shall also be reported to the local health department pursuant to KRS 214.010;
  - (b) An accident or injury to a child that requires medical care;
  - (c) An incident that results in legal action by or against the child-care center that:
    - 1. Affects a child or staff person; or
    - 2. Includes the center's discontinuation or disqualification from a governmental assistance program due to fraud or abuse;
  - (d) An incident involving fire or other emergency, including a vehicular accident when the center is transporting a child receiving child care services; or
  - (e) A report of child abuse or neglect that:
    - 1. Has been accepted by the cabinet in accordance with 922 KAR 1:330; and
    - 2. Names a director, employee, volunteer, or person with supervisory or disciplinary control over, or having unsupervised contact with a child in care as the alleged perpetrator.

**Director Requirements**

**265 - Health, Safety, Comfort**

**In Compliance**

**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;

**Employee Records**

**325 - CPR/First Aid Coverage**

**In Compliance**

## Inspection Report

### 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.

Signature of  
Provider/Representative

Title

Date