



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: The Clubhouse	Provider Information	CLR No: L357486
Provider Address: 360 Arnold Lane, Bloomfield, KY, 40008	Provider Type: LICENSED TYPE I	Capacity: 100
Owner(s): Nelson County Board Of Education		Director(s): Hickman, Brenda Kay

Inspection Type: Renewal Application	Inspection Information	Inspection No: 219654
Date Initiated: 04/27/2017 2:55 PM	Date Concluded: 04/27/2017 4:10 PM	
	No. of Children Present: 20	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	In Compliance
Employee Records	In Compliance
Programming	In Compliance
Premises	In Compliance
Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	Not In Compliance

760 - Indoor/Outdoor Equipment **Not In Compliance**

922 KAR 2:120. Section 11. Toys and Furnishings.

(2) Indoor and outdoor equipment shall:

- (a) Be clean, safe, and in good repair;**
- (b) Meet the physical, developmental needs, and interests of children of different age groups;**
- (c) Be free from sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, hazardous small parts, lead-based paint, poisonous material, and flaking or chalking paint; and**
- (d) Be designed to guard against entrapment or situations that may cause strangulation.**

Findings:

General: Based on observation, the child care center failed to maintain indoor/outdoor equipment in accordance with regulatory requirements. Observation of the climbing structure revealed eight (8) unprotected posts allowing sharp metal to be exposed on both the red and blue climbing structure and on the yellow and green climbing structure.

Transportation	In Compliance
Food Service	In Compliance
Children's Records	In Compliance
Written Documentation	In Compliance
Posted Documentation	In Compliance

Signature of Provider/Representative

Title

Date