



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

Provider Name: Hornet Club (The)	Provider Information	CLR No: L358788
Provider Address: 300 Copperleaf Boulevard, Frankfort, KY, 40601	Provider Type: LICENSED TYPE I	Capacity: 100
Owner(s): Franklin Co. Board Of Education		Director(s): Nichols, Marilyn Sue

Inspection Type: Renewal Application	Inspection Information	Inspection No: 307011
Date Initiated: 04/15/2021 2:29 PM	Date Concluded: 04/15/2021 4:10 PM	
	No. of Children Present: 22	

Inspection Report	
Background Checks	In Compliance
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	In Compliance
Transportation	In Compliance
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	Not In Compliance

1135 - Immunization **Not In Compliance**

922 KAR 2:090. Section 9. Records.
(1) A child-care center shall maintain:
(a) A current immunization certificate for each child in care within thirty (30) days of the child's enrollment, unless an attending physician or the child's parent objects to the immunization of the child pursuant to KRS 214.036;

Findings:

General: Based on review of documentation one child had an immunization certification that did not have an indicated expiration date for immunizations. There is no way to tell if the child's immunizations are current.

Written Documentation	In Compliance
Posted Documentation	In Compliance

Inspection Report

Animals

In Compliance

Emergency Regulation

In Compliance

Signature of Provider/Representative

Title

Date