



**Andy Beshear**  
GOVERNOR

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

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SECRETARY

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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

<b>Provider Name:</b> Mayfield Graves Y's Guys Early Child Care	<b>Provider Information</b> <b>Provider Type:</b> LICENSED TYPE I	<b>CLR No:</b> L376981
<b>Provider Address:</b> 118 West South Street, Mayfield, KY, 42066		<b>Capacity:</b> 31
<b>Owner(s):</b> Mayfield-graves County Ymca, Inc.		<b>Director(s):</b> Thompson, Shawn Delayne

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 293123
<b>Date Initiated:</b> 09/04/2020 9:40 AM	<b>Date Concluded:</b> 09/04/2020 11:50 AM	
	<b>No. of Children Present:</b> 13	

Inspection Report	
<b>Background Checks</b>	<b>In Compliance</b>
<b>Supervision</b>	<b>In Compliance</b>
<b>Staffing Requirements</b>	<b>In Compliance</b>
<b>General Administration</b>	<b>Not In Compliance</b>
<b>145 - Fire Marshal</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 6. License Issuance.</b> <b>(8) To qualify for a preliminary license, or maintain a regular license, a child-care center shall:</b> <b>(b) Be approved by the Office of the State Fire Marshal or designee;</b>	
<b>Findings:</b>	
General: Based on observation, the Fire Marshal inspection report on file was dated 1/28/16.	
<b>Director Requirements</b>	<b>In Compliance</b>
<b>Employee Records</b>	<b>In Compliance</b>
<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>

**Inspection Report**

**Food Service/Food Program**

**Not In Compliance**

**995 - Lunch/Dinner Requirements**

**Not In Compliance**

**922 KAR 2:120. Section 9. Food and Meal Requirements.**

**(19) Lunch and dinner shall include:**

- (a) Milk;**
- (b) Protein;**
- (c) Bread; and**
- (d) 1. Two (2) vegetables;**
- 2. Two (2) fruits; or**
- 3. One (1) fruit and one (1) vegetable.**

**Findings:**

General: Based on observation, pizza, a fruit cup, milk, and veggie straws were served to thirteen (13) children for lunch. The lunch meal did not meet food and meal requirements.

**Food Service**

**In Compliance**

**Children's Records**

**Not In Compliance**

**1140 - Enrollment Information**

**Not In Compliance**

**922 KAR 2:090. Section 9. Records.**

**(1) A child-care center shall maintain:**

**(b) A written record for each child:**

- 1. Completed and signed by the child's parent;**
- 2. Retained on file on the first day the child attends the child-care center; and**
- 3. To contain:**
  - a. Identifying information about the child, which includes, at a minimum, the child's name, address, and date of birth;**
  - b. Contact information to enable a person in charge to contact the child's:**
    - (i) Parent at the parent's home or place of employment;**
    - (ii) Family physician; and**
    - (iii) Preferred hospital;**
  - c. The name of each person who is designated in writing to pick-up the child;**
  - d. The child's general health status and medical history including, if applicable:**
    - (i) Allergies;**
    - (ii) Restriction on the child's participation in activities with specific instructions from the child's parent or health professional; and**
    - (iii) Permission from the parent for third-party professional services in the child-care center;**
  - e. The name and phone number of each person to be contacted in an emergency involving or impacting the child;**
  - f. Authorization by the parent for the child-care center to seek emergency medical care for the child in the parent's absence;**

**Findings:**

General: Based on review of documentation, a child, first date of attendance on 8/3/20, did not have information on file to enable staff to contact the child's preferred hospital.

**Written Documentation**

**In Compliance**

**Posted Documentation**

**In Compliance**

**Animals**

**In Compliance**

**Emergency Regulation**

**In Compliance**

Signature of Provider/Representative

Title

Date