



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

Andy Beshear
Governor

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Eric C. Friedlander
Secretary

Adam Mather
Inspector General

Inspection Report

| | | |
|---|---------------------------------------|---|
| Provider Name: Holding Hands Montessori School | Provider Information | CLR No: L377609 |
| Provider Address: 106 Estridge Court, Berea, KY, 40403 | Provider Type: LICENSED TYPE I | Capacity: 36 |
| Owner(s): Holding Hands Montessori School, LLC | | Director(s): Roop, Angelica Schuyler |

| | | |
|---|--|------------------------------|
| Inspection Type: Renewal Application | Inspection Information | Inspection No: 293302 |
| Date Initiated: 09/11/2020 9:00 AM | Date Concluded: 09/11/2020 11:00 AM | |
| | No. of Children Present: 7 | |

| 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 | Not In Compliance |
| 650 - Toilet | Not In Compliance |
| 922 KAR 2:120. Section 10. Toilet, Diapering, and Toiletry Requirements. (4) Each toilet shall: (a) Be kept in clean condition; (b) Be kept in good repair; (c) Be in a lighted room; and (d) Have ventilation to outside air. | |
| Findings: | |
| General: Based on observation and interview, the surveyor found feces on the inside of the toilet bowl. | |
| Staff stated that she was unaware of feces being in the toilet. | |
| Hygienic Practices | In Compliance |
| First Aid/Medication | In Compliance |
| Outdoor Play Area | In Compliance |
| Equipment | In Compliance |
| Transportation | Not Applicable |
| Food Service/Food Program | In Compliance |
| Food Service | In Compliance |
| Children's Records | In Compliance |

Inspection Report

Written Documentation

In Compliance

Posted Documentation

In Compliance

Animals

In Compliance

Emergency Regulation

In Compliance

Signature of
Provider/Representative

Title

Date