



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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Inspection Report

Provider Name: Denise's Childcare	Provider Information	CLR No: L356406
Provider Address: 700 Main Street, Gamaliel, KY, 42140	Provider Type: LICENSED TYPE II	Capacity: 12
Owner(s): Steenbergen, Tammy Denise		Director(s): Steenbergen, Tammy Denise

Inspection Type: Renewal Application	Inspection Information	Inspection No: 293054
Date Initiated: 10/23/2020 11:00 AM	Date Concluded: 10/23/2020 12:30 PM	
	No. of Children Present: 3	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	Not In Compliance
350 - Health, Safety, Comfort	Not In Compliance

922 KAR 2:090. Section 10. Director Requirements and Responsibilities.
(1) A director shall:
(l) Assure the health, safety, and comfort of each child;

Findings:

General: Based on observation, the surveyor found the following:

- (1.) In the child care room, several Rubbermaid containers were stacked as high as the ceiling. A child was napping on a cot in front of the Rubbermaid containers. The containers were not secure, posing a safety risk to the child if the containers were to fall over on top of the child.
- (2.) Several cots were stacked against one another leaning against the wall in the child care room. The cots were not secure to the wall. A child was napping in front of the cots, posing a safety risk if the cots were to turn over on top of the child.

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	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