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GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Another Tots Landing	Provider Information	CLR No: L358238
Provider Address: 52 Holt Lane, Russell Springs, KY, 42642	Provider Type: LICENSED TYPE I	Capacity: 73
Owner(s): Another Tots Landing, Inc.		Director(s): Roy, Christie

Inspection Type: Renewal Application	Inspection Information	Inspection No: 306676
Date Initiated: 05/19/2021 10:15 AM	Date Concluded: 05/19/2021 11:45 AM	
	No. of Children Present: 44	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	Not In Compliance

345 - Staff Evaluation **Not In Compliance**

922 KAR 2:090. Section 10. Director Requirements and Responsibilities.
(1) A director shall:
(j) Assess each staff person's interaction with children in care and classroom performance through an annual written performance evaluation;

Findings:

General: Based on review of documentation, the surveyor found the following:

- (1.) Staff's (DOH: 3/29/19) file did not contain an annual written performance evaluation.
- (2.) Staff's (DOH: 9/13/19) file did not contain an annual written performance evaluation.
- (3.) Staff's (DOH: 4/26/18) file did not contain an annual written performance evaluation.
- (4.) Staff's (DOH: 10/20/14) file did not contain an annual written performance evaluation.
- (5.) Staff's (DOH: 1/20/14) file did not contain an annual written performance evaluation.
- (6.) Staff's (DOH: 11/3/13) file did not contain an annual written performance evaluation.

Staff confirmed through interview that the annual written performance evaluations had not been completed with staff.

Employee Records	In Compliance
Programming	In Compliance

Inspection Report

Premises

Not In Compliance

540 - Premises Requirements

Not In Compliance

922 KAR 2:120. Section 4. Premises Requirements.

- (1) The premises shall be:**
 - (a) Suitable for the purpose intended;**
 - (b) Kept clean and in good repair;**

Findings:

General: Based on observation, the surveyor found two (2) light fixtures in the restrooms contained dirt and debris; therefore, the light fixtures were not clean.

Hygienic Practices

Not In Compliance

685 - Diaper Changing Area/Surface

Not In Compliance

922 KAR 2:120. Section 10. Toilet, Diapering, and Toiletry Requirements.

- (10) When a child is diapered, the child shall:**
 - (b) Be placed on a surface that is:**

- 1. Clean;**
- 2. Padded;**
- 3. Free of holes, rips, tears, or other damage;**
- 4. Nonabsorbent;**
- 5. Easily cleaned; and**
- 6. Free of any items not used for diaper changing.**

Findings:

General: Based on observation, the surveyor found a small tear in the diaper-changing pad located in the Nursery. Staff were not aware of the issue stating all the diaper-changing pads were replaced approximately one (1) month ago.

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

Written Documentation

Not In Compliance

1170 - Professional Development

Not In Compliance

922 KAR 2:090. Section 9. Records.

- (1) A child-care center shall maintain:**
 - (f) A written annual plan for child-care staff professional development;**

Findings:

General: Based on review of documentation, the surveyor found the following:

- (1.) Staff's (DOH: 8/20/01) file did not contain an written annual plan for professional development.
- (2.) Staff's (DOH: 11/3/13) file did not contain an written annual plan for professional development.
- (3.) Staff's (DOH: 1/20/14) file did not contain an annual written plan for professional development.
- (4.) Staff's (DOH: 10/20/14) file did not contain an annual written plan for professional development.
- (5.) Staff's (DOH: 4/26/18) file did not contain an annual written plan for professional development.
- (6.) Staff's (DOH: 9/13/19) file did not contain an annual written plan for professional development.
- (7.) Staff's (DOH: 3/29/19) file did not contain an annual written plan for professional development.

Staff confirmed through interview that the written plans for professional development had not been completed with staff.

Posted Documentation

In Compliance

Animals

In Compliance

Emergency Regulation

In Compliance

Signature of Provider/Representative

Title

Date