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**Inspection Report**

<b>Provider Name:</b> Childrens Play Palace	<b>Provider Information</b>	<b>CLR No:</b> L359043
<b>Provider Address:</b> 15 Highland Park Rd, Heidrick, KY, 40949	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 26
<b>Owner(s):</b> Childrens Play Palace, Inc.		<b>Director(s):</b> Shelton, Angela Lee

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 293764
<b>Date Initiated:</b> 11/13/2020 8:50 AM	<b>Date Concluded:</b> 11/13/2020 11:30 AM	
	<b>No. of Children Present:</b> 17	

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>In Compliance</b>
<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>Not In Compliance</b>

**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 the toilet located in the restroom had not been flushed and had urine and toilet paper in the bowl. During interview, staff stated they will remind teachers to see that toilets are flushed after each use.

<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>
<b>Food Service/Food Program</b>	<b>In Compliance</b>
<b>Food Service</b>	<b>In Compliance</b>
<b>Children's Records</b>	<b>In Compliance</b>
<b>Written Documentation</b>	<b>In Compliance</b>

**Inspection Report**

**Posted Documentation**

**In Compliance**

**Animals**

**In Compliance**

**Emergency Regulation**

**In Compliance**

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Signature of Provider/Representative

Title

Date