



Andy Beshear
GOVERNOR

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

Melissa A. Moore, Director
Division of Regulated Child Care
Eastern Branch
455 Park Place, Suite 120A
Lexington, KY 40511
Phone: (859) 246-2301 Fax: (859) 246-2307
<https://chfs.ky.gov/agencies/os/oig>

Eric Friedlander
SECRETARY

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Tots Landing Learning Center	Provider Information	License No: L355515
Provider Address: 2245 Gulfstream Drive, Lexington, KY, 40504	Provider Type: LICENSED TYPE I	Capacity: 97
Owner(s): Tots Landing Learning Centers, LLC		Director(s): Winchester, Dana

Inspection Type: Investigation	Inspection Information	Inspection No: 15140
Visit Start Date: 12/10/2012 1:00 PM	Visit End Date: 12/10/2012 1:30 PM	
	No. of Children Present: 71	

Inspection Report

General Administration

140 - Reports to Cabinet

922 KAR 2:110 - Section 6 Reports.

(1) The following shall be reported to the cabinet or designee and other agencies specified in this section within twenty-four (24) hours from the time of discovery:

- (a) Communicable disease, which shall also be reported to the local health department pursuant to KRS 214.010;
- (b) An accident or injury to a child that requires medical care;
- (c) An incident that results in legal action by or against the child-care center that affects a child or staff person; or
- (d) An incident involving fire or other emergency.

2) Accident/Injury;

In Compliance

Director Requirements

118 - Health, Safety, Comfort

In Compliance

922 KAR 2:110 - Section 4 (1)

(I) Provide for the health, safety, and comfort of each child;

Employee Records

128 - CPR/First Aid Coverage

922 KAR 2:110 - Section 5

(3) At least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:

- (a) Infant and child cardiopulmonary resuscitation; and
- (b) Infant and child first aid.

1) CPR

In Compliance

2) First Aid

In Compliance

Signature of
Provider/Representative

Title

Date