



**Andy Beshear**  
GOVERNOR

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

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**Eric Friedlander**  
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INSPECTOR GENERAL

**Inspection Report**

|                                                                      |                                       |                                           |
|----------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| <b>Provider Information</b>                                          |                                       |                                           |
| <b>Provider Name:</b> Tots Landing Learning Center                   | <b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L355515                    |
| <b>Provider Address:</b> 2245 Gulfstream Drive, Lexington, KY, 40504 |                                       | <b>Capacity:</b> 97                       |
| <b>Owner(s):</b> Tots Landing Learning Centers, Llc                  |                                       | <b>Director(s):</b> Winchester, Dana Lynn |

|                                           |                                           |                              |
|-------------------------------------------|-------------------------------------------|------------------------------|
| <b>Inspection Information</b>             |                                           |                              |
| <b>Inspection Type:</b> Investigation     | <b>Date Concluded:</b> 09/08/2016 9:45 AM | <b>Inspection No:</b> 217089 |
| <b>Date Initiated:</b> 09/08/2016 8:10 AM | <b>No. of Children Present:</b> 49        |                              |

|                              |  |                      |
|------------------------------|--|----------------------|
| <b>Inspection Report</b>     |  |                      |
| <b>Supervision</b>           |  | <b>In Compliance</b> |
| <b>Staffing Requirements</b> |  | <b>In Compliance</b> |
| <b>Director Requirements</b> |  | <b>In Compliance</b> |

Signature of Provider/Representative

Title

Date