



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Eric Friedlander
SECRETARY

Melissa A. Moore, Director
Division of Regulated Child Care
Western Branch
901 B South Main Street
Hopkinsville, KY 42240
Phone: (270) 889-6052 Fax: (270) 889-6089
<https://chfs.ky.gov/agencies/os/oig>

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Big Grannie's Daycare	Provider Information	License No: L358098
Provider Address: 312 & 320 West Water Street, Mayfield, KY, 42066	Provider Type: LICENSED TYPE I	Capacity: 102
Owner(s): Big Grannie's Daycare, LLC		Director(s): Hayden, Laura

Inspection Type: Investigation	Inspection Information	Inspection No: 122
Visit Start Date: 10/20/2011 11:05 AM	Visit End Date: 10/25/2011 2:39 PM	
	No. of Children Present:	

Inspection Report

Supervision

167 - Children supervised/Protected

922 KAR 2:120 - Section 2 (3)

(a) Each center shall maintain a child care program that assures each child will be:

- 1. Provided adequate supervision at all times; and**
- 2. Protected from abuse or neglect.**

1) Adequately supervised at all times

Not In Compliance

Findings:

Interviews and record review determined four (4) infant children were left alone in the infants' room, for approximately two (2) minutes on 10/14/11, while staff #1 was in the restroom.

Programming

182 - Discipline

922 KAR 2:120 - Section 2

(10) A child shall not be subjected to:

- (a) Corporal physical discipline pursuant to KRS 199.896(18);**
- (b) Loud, profane, threatening, frightening, or abusive language; or**
- (c) Discipline that is associated with:**
 - 1. Rest;**
 - 2. Toileting; or**
 - 3. Food.**

2) Loud, profane, threatening, frightening or abusive language

Not In Compliance

Findings:

Surveyor heard staff #6 yell to a two (2) year old child "If you don't wash your hands you are not going to eat until you do." The two (2) year child turned around, put her head down and staff #6 continued to yell "Fine you are not going eat." During interview, staff #6 confirmed she threatened this child with not eating because the child would not wash her hands.

Inspection Report

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- (c) Discipline that is associated with:
 - 1. Rest;
 - 2. Toileting; or
 - 3. Food.

5) Associated with food

In Compliance

Signature of
Provider/Representative

Title

Date