



**Andy Beshear**  
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES**  
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**Inspection Report**

<b>Provider Name:</b> Rockcastle Hospital Child Development Center	<b>Provider Information</b> <b>Provider Type:</b> LICENSED TYPE I	<b>CLR No:</b> L358846
<b>Provider Address:</b> 145 Newcomb Avenue, Mt. Vernon, KY, 40456		<b>Capacity:</b> 86
<b>Owner(s):</b> Rockcastle Hospital And Respiratory Care Center, Inc.		<b>Director(s):</b> Burdette, Twila Carol

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 305026
<b>Date Initiated:</b> 02/05/2021 11:00 AM	<b>Date Concluded:</b> 02/05/2021 2:00 PM	
	<b>No. of Children Present:</b> 33	

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>
<b>540 - Premises Requirements</b>	<b>Not In Compliance</b>
<b>922 KAR 2:120. Section 4. Premises Requirements.</b> <b>(1) The premises shall be:</b> <b>(a) Suitable for the purpose intended;</b> <b>(b) Kept clean and in good repair;</b>	
<b>Findings:</b>	
General: Based on observation during a tour of the child-care center, the surveyor found the school age classroom floor was soiled with food. During interview, staff stated they were not aware of the food on the floor; however, it will be cleaned as soon as possible.	
<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>In Compliance</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>
<b>Posted Documentation</b>	<b>In Compliance</b>

**Inspection Report**

**Animals**

**In Compliance**

**Emergency Regulation**

**In Compliance**

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Signature of Provider/Representative

Title

Date