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GOVERNOR

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**Inspection Report**

|   |                                       |  |
|---|---------------------------------------|--|
| <b>Provider Name:</b> Guiding Light Nursery and Preschool           | <b>Provider Information</b>           | <b>CLR No:</b> L355061                 |
| <b>Provider Address:</b> 635 E. 5th Street, Russellville, KY, 42276 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 35                    |
| <b>Owner(s):</b> Jesus Community Center, Inc.                       |                                       | <b>Director(s):</b> Hoots, Tonya Renee |

|   |  |                              |
|---|--|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>              | <b>Inspection No:</b> 244465 |
| <b>Date Initiated:</b> 06/05/2018 9:30 AM   | <b>Date Concluded:</b> 06/05/2018 11:45 AM |                              |
|   | <b>No. of Children Present:</b> 19         |                              |

| 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>Not In Compliance</b> |
| <b>410 - Training</b>   | <b>Not In Compliance</b> |
| <p><b>922 KAR 2:090. Section 11. Staff Requirements.</b><br/>                     (16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:<br/>                     (a) Six (6) hours of cabinet-approved orientation within the first three (3) months of employment;<br/>                     (b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment, including one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training; and<br/>                     (c) Fifteen (15) hours of cabinet-approved early care and education training during each subsequent year of employment, including one and one-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.</p> <p><b>Findings:</b><br/>                     General: Based on Review of Documentation, a caregiver hired on 2/1/01, lacked a half (1/2) hour of training.</p> |                          |
| <b>Programming</b>  | <b>In Compliance</b>     |
| <b>Premises</b>   | <b>Not In Compliance</b> |
| <b>580 - Floors, Walls, Ceilings</b>  | <b>Not In Compliance</b> |
| <p><b>922 KAR 2:120. Section 4. Premises Requirements.</b><br/>                     (9) Floors, walls, and ceilings shall be smooth, in good repair, and constructed to be easily cleaned.</p> <p><b>Findings:</b><br/>                     General: Based on Observation, the flooring was weak between the toilet and sink in the restroom located in the school-age children's room.</p>   |                          |
| <b>Hygienic Practices</b>   | <b>In Compliance</b>     |
| <b>First Aid/Medication</b>   | <b>In Compliance</b>     |

**Inspection Report**

**Outdoor Play Area**

**Not In Compliance**

**755 - Protective Surface**

**Not In Compliance**

**922 KAR 2:120. Section 4. Premises Requirements.**

**(21) A protective surface shall:**

**(a) Be provided for outdoor play equipment used to:**

- 1. Climb;**
- 2. Swing; and**
- 3. Slide; and**

**(b) Have a fall zone equal to the height of the equipment.**

**Findings:**

General: Based on Observation, a red, blue, and yellow slide had no protective surface material on the younger children's outdoor play area.

**Equipment**

**In Compliance**

**Transportation**

**Not Applicable**

**Food Service/Food Program**

**In Compliance**

**Food Service**

**In Compliance**

**Children's Records**

**In Compliance**

**Written Documentation**

**In Compliance**

**Posted Documentation**

**In Compliance**

**Animals**

**In Compliance**

Signature of Provider/Representative

Title

Date