

**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF INSPECTOR GENERAL****Andy Beshear**  
Governor**Melissa A. Moore, Director**  
**Division of Regulated Child Care**  
Eastern Branch  
1055 Wellington Way  
Lexington, KY 40513  
Phone: (859) 246-2301 Fax: (859) 246-2307  
<https://chfs.ky.gov/agencies/os/oig>**Eric C. Friedlander**  
Secretary**Adam Mather**  
Inspector General**Inspection Report**

|                                                                    |                                       |                                        |
|--------------------------------------------------------------------|---------------------------------------|----------------------------------------|
| <b>Provider Name:</b> Rainbow Child Care Center                    | <b>Provider Information</b>           | <b>CLR No:</b> L383213                 |
| <b>Provider Address:</b> 7269 Burlington Pike, Florence, KY, 41042 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 111                   |
| <b>Owner(s):</b> Ree Midwest, Inc.                                 |                                       | <b>Director(s):</b> Rouse, Dana Nicole |

|                                           |                                           |                              |
|-------------------------------------------|-------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Investigation     | <b>Inspection Information</b>             | <b>Inspection No:</b> 242052 |
| <b>Date Initiated:</b> 09/27/2017 1:32 PM | <b>Date Concluded:</b> 09/27/2017 1:46 PM |                              |
|                                           | <b>No. of Children Present:</b> 44        |                              |

|                               |  |                      |
|-------------------------------|--|----------------------|
| <b>Inspection Report</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> |

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Signature of  
Provider/Representative\_\_\_\_\_  
Title\_\_\_\_\_  
Date