Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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Eric Friedlander
SECRETARY

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Information

Provider Name: Child Town Inc.
Provider Type: LICENSED TYPE I
License No: L352108
Provider Address: 1940 Midland Trail, Shelbyville, KY, 40065
Capacity: 232
Owner(s): Childtown, Inc.
Director(s): Gowers, Tia

Inspection Information

Inspection Type: Investigation
Inspection No: 40339
Visit Start Date: 05/28/2013 11:10 AM
Visit End Date: 05/28/2013 12:30 PM
No. of Children Present: 62

Inspection Report

Supervision

5 - Children Supervised — **In Compliance**

922 KAR 2:120. Section 2. Child Care Services.
(3)(a) Each center shall maintain a child-care program that assures each child will be:
1. Provided with adequate supervision at all times by a qualified staff person who:
a. Ensures the child is within scope of vision and range of voice; or
b. For a school-age child, within scope of vision or range of voice;

Staffing Requirements

40 - Ratios and Group Size — **In Compliance**

922 KAR 2:120. Section 2. Child Care Services.
(2) Minimum staff-to-child ratios and group size for an operating child-care center shall be maintained as follows:
Age of Children Ratio Maximum Group Size*
Infant
1 staff for 5 children 10
Toddler
1 staff for 6 children 12
Preschool-age 2 to 3 years
1 staff for 10 children 20
Preschool-age 3 to 4 years
1 staff for 12 children 24
Preschool-age 4 to 5 years
1 staff for 14 children 28
School-age 5 to 7 years
1 staff for 15 children 30
School-age 7 and older
1 staff for 25 children
(for before and after school) 30
1 staff for 20 children
(full day of care) 30
***Maximum Group Size shall be applicable only to Type I child-care centers.**

Director Requirements

265 - Health, Safety, Comfort — **In Compliance**

922 KAR 2:110. Section 4. Director Requirements and Responsibilities.
(1) Effective with the adoption of this administrative regulation, a director shall:
(l) Provide for the health, safety, and comfort of each child;

Signature of Provider/Representative

Title

Date