

**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF INSPECTOR GENERAL****Andy Beshear**  
Governor**Melissa A. Moore, Director**  
**Division of Regulated Child Care**  
Northern Branch  
908 W. Broadway, 10-W  
Louisville, KY 40203  
Phone: (502) 595-5781 Fax: (502) 595-5773  
<https://chfs.ky.gov/agencies/os/oig>**Eric C. Friedlander**  
Secretary**Adam Mather**  
Inspector General**Inspection Report**

|                                                                         |                                       |                                      |
|-------------------------------------------------------------------------|---------------------------------------|--------------------------------------|
| <b>Provider Name:</b> Toy Box Day Care & Preschool                      | <b>Provider Information</b>           | <b>CLR No:</b> L352156               |
| <b>Provider Address:</b> 2146 Hutcherson Lane, Elizabethtown, KY, 42701 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 36                  |
| <b>Owner(s):</b> Cross, Alice Mae & Cross, Kenny Ray & Cross, Kenny Ray |                                       | <b>Director(s):</b> Cross, Alice Mae |

|                                            |                                           |                              |
|--------------------------------------------|-------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Investigation      | <b>Inspection Information</b>             | <b>Inspection No:</b> 290905 |
| <b>Date Initiated:</b> 08/12/2019 11:32 AM | <b>Date Concluded:</b> 08/12/2019 1:45 PM |                              |
|                                            | <b>No. of Children Present:</b> 19        |                              |

| <b>Inspection Report</b>     |  |                      |
|------------------------------|--|----------------------|
| <b>Staffing Requirements</b> |  | <b>In Compliance</b> |
| <b>Director Requirements</b> |  | <b>In Compliance</b> |
| <b>Programming</b>           |  | <b>In Compliance</b> |

Signature of  
Provider/Representative

Title

Date