



Andy Beshear
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Children Inc. Early Learning Center at Erlanger Elsmere Schools Provider Address: 450 Bartlett Avenue, Erlanger, KY, 41018 Owner(s): Children, Inc.	Provider Information Provider Type: LICENSED TYPE I	License No: L383307 Capacity: 86 Director(s): Young, Celeste (Cassie) Ann
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Inspection Type: Investigation Visit Start Date: 01/16/2016 12:55 PM	Inspection Information Visit End Date: 02/16/2016 9:55 AM No. of Children Present: 61	Inspection No: 213976
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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.	

Inspection Report**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