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GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Jack "B" Nimble Pre-School	Provider Information	License No: L352868
Provider Address: 915 Murray Drive, Suites 342 - 354, Lexington, KY, 40505	Provider Type: LICENSED TYPE I	Capacity: 280
Owner(s): Hallis School, Inc.		Director(s): Ritchie, Tammy; Rayan, Regina

Inspection Type: Investigation	Inspection Information	Inspection No: 216163
Visit Start Date: 07/01/2016 10:15 AM	Visit End Date: 07/01/2016 1:22 PM	
	No. of Children Present: 93	

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