



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 Name: Treasure House Child Development Center	Provider Information Provider Type: LICENSED TYPE I	License No: L353849
Provider Address: 203 West River Center Blvd., Covington, KY, 41011		Capacity: 188
Owner(s): Children, Inc.		Director(s): Ehler, Cindy

Inspection Type: Investigation	Inspection Information	Inspection No: 41035
Visit Start Date: 07/01/2013 10:00 AM	Visit End Date: 07/01/2013 10:20 AM	
No. of Children Present: 98		

Inspection Report	
General Administration	
160 - Report to Cabinet	In Compliance
922 KAR 2:090. Section 11. Basis for Denial, Suspension or Revocation. (4) Each licensee shall report to the cabinet or its designee if the: (a) Licensee, director, employee, volunteer, or another person who submitted to a background check meets a criterion of subsection (3) of this section; or (b) Licensee meets a criterion of subsection 7(i) of this section.	
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;	
Employee Records	
325 - CPR/First Aid Coverage	In Compliance
922 KAR 2:110. Section 5. Staff Requirements. (3) For a child-care center licensed for infant, toddler, or preschool-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills: (a) Infant and child cardiopulmonary resuscitation; and (b) Infant and child first aid. (4) For a child-care center licensed for school-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills: (a) Adult cardiopulmonary resuscitation; and (b) First aid.	

Signature of
Provider/Representative

Title

Date