



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Eric Friedlander
SECRETARY

Melissa A. Moore, Director
Division of Regulated Child Care
Eastern Branch
455 Park Place, Suite 120A
Lexington, KY 40511
Phone: (859) 246-2301 Fax: (859) 246-2307
<https://chfs.ky.gov/agencies/os/oig>

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Cherokee Learning Center	Provider Information	License No: L359106
Provider Address: 6455 Taylor Mill Rd, Independence, KY, 41051	Provider Type: LICENSED TYPE I	Capacity: 100
Owner(s): Independence Learning Center, LLC		Director(s): Ballard, Jessica

Inspection Type: Investigation	Inspection Information	Inspection No: 8216
Visit Start Date: 03/27/2012 2:33 PM	Visit End Date: 03/27/2012 3:10 PM	
	No. of Children Present: 47	

Inspection Report	
Supervision	
167 - Children supervised/Protected	
922 KAR 2:120 - Section 2 (3) (a) Each center shall maintain a child care program that assures each child will be: 1. Provided adequate supervision at all times; and 2. Protected from abuse or neglect.	
1) Adequately supervised at all times	In Compliance
2) Protected from abuse/neglect	In Compliance
Staffing Requirements	
162 - Ratios and Group Size	In Compliance
922 KAR 2:120 - Section 2 (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 2 to 3 years 1 staff for 10 children 20 3 to 4 years 1 staff for 12 children 24 4 to 5 years 1 staff for 14 children 28 5 to 7 years 1 staff for 15 children 30 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 centers.	
Food Service	
253 - Food Service Permit	In Compliance
922 KAR 2:120 - Section 8 (2) A center required to have a food service permit shall be in compliance with 902 KAR 45:005 and this administrative regulation.	

Signature of
Provider/Representative

Title

Date