



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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 Friedlander
SECRETARY

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Dorman Preschool Center	Provider Information	License No: L350717
Provider Address: 719 Burks Branch Road, Shelbyville, KY, 40065	Provider Type: LICENSED TYPE I	Capacity: 49
Owner(s): DORMAN PRE-SCHOOL CENTER, INC.		Director(s): Jeffries, Sarah

Inspection Type: Investigation	Inspection Information	Inspection No: 41850
Visit Start Date: 09/10/2013 9:00 AM	Visit End Date: 09/10/2013 10:30 AM	
	No. of Children Present: 25	

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.**

Signature of
Provider/Representative

Title

Date