



Andy Beshear
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL**

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INSPECTOR GENERAL

Inspection Report

Provider Name: Lexington Hearing & Speech Center	Provider Information	License No: L354744
Provider Address: 350 Henry Clay Blvd, Lexington, KY, 40502	Provider Type: LICENSED TYPE I	Capacity: 239
Owner(s): Lexington Hearing & Speech Center, Inc.		Director(s): Smart, Kim

Inspection Type: Investigation	Inspection Information	Inspection No: 13562
Visit Start Date: 10/08/2012 2:40 PM	Visit End Date: 10/08/2012 3:20 PM	
No. of Children Present:		

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
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.	
Director Requirements	
118 - Health, Safety, Comfort	In Compliance
922 KAR 2:110 - Section 4 (1) (I) Provide for the health, safety, and comfort of each child;	

Inspection Report

Employee Records

128 - CPR/First Aid Coverage

922 KAR 2:110 - Section 5

(3) 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.

1) CPR

In Compliance

2) First Aid

In Compliance

Signature of
Provider/Representative

Title

Date