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Inspection Report

Provider Name: Little Hands Development Center	Provider Information	License No: L383142
Provider Address: 250 Haven Hill Road, Shelbyville, KY, 40065	Provider Type: LICENSED TYPE I	Capacity: 56(Bldg 1: 70)
Owner(s): Little Hands Development Center, Llc		Director(s): Bell, Pamela Faye

Inspection Type: Investigation	Inspection Information	Inspection No: 180538
Visit Start Date: 04/29/2015 9:30 AM	Visit End Date: 04/29/2015 11:00 AM	
No. of Children Present: 32		

Inspection Report

Supervision

5 - Children Supervised	In Compliance
<p>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;</p>	

Staffing Requirements

40 - Ratios and Group Size	In Compliance
<p>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.</p>	

Programming

385 - Discipline	In Compliance
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Inspection Report

922 KAR 2:120. Section 2. Child Care Services.

(10) A child shall not be subjected to:

- (a) Corporal physical discipline pursuant to KRS 199.896(18);**
- (b) Loud, profane, threatening, frightening, or abusive language; or**
- (c) Discipline that is associated with:**
 - 1. Rest;**
 - 2. Toileting; or**
 - 3. Food.**

Signature of
Provider/Representative

Title

Date