



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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SECRETARY

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INSPECTOR GENERAL

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<https://chfs.ky.gov/agencies/os/oig>

Inspection Report

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|---|---------------------------------------|--|
| Provider Name: Kare Bears | Provider Information | CLR No: L383160 |
| Provider Address: 1697 Peabody Way, Lexington, KY, 40511 | Provider Type: LICENSED TYPE I | Capacity: 60 |
| Owner(s): Peh, Inc. | | Director(s): Harshman, Ellen V. |

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|--|---|------------------------------|
| Inspection Type: Investigation | Inspection Information | Inspection No: 242846 |
| Date Initiated: 11/29/2017 12:45 PM | Date Concluded: 11/29/2017 1:10 PM | |
| | No. of Children Present: 29 | |

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|------------------------------|----------------------|
| Inspection Report | |
| Supervision | In Compliance |
| Staffing Requirements | In Compliance |
| Equipment | In Compliance |

Signature of Provider/Representative

Title

Date