



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

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**Division of Regulated Child Care**  
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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                                   |                                       |                                       |
|-------------------------------------------------------------------|---------------------------------------|---------------------------------------|
| <b>Provider Information</b>                                       |                                       |                                       |
| <b>Provider Name:</b> Child Development Center of the Bluegrass   | <b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L350160                |
| <b>Provider Address:</b> 290 Alumni Drive, Lexington, KY, 40503   |                                       | <b>Capacity:</b> 206                  |
| <b>Owner(s):</b> Child Development Centers Of The Bluegrass, Inc. |                                       | <b>Director(s):</b> Tipton, Erica Lyn |

|                                           |                                           |                              |
|-------------------------------------------|-------------------------------------------|------------------------------|
| <b>Inspection Information</b>             |                                           |                              |
| <b>Inspection Type:</b> Investigation     | <b>Date Concluded:</b> 12/01/2016 9:30 AM | <b>Inspection No:</b> 217927 |
| <b>Date Initiated:</b> 11/30/2016 2:00 PM | <b>No. of Children Present:</b>           |                              |

|                               |  |                      |
|-------------------------------|--|----------------------|
| <b>Inspection Report</b>      |  |                      |
| <b>General Administration</b> |  | <b>In Compliance</b> |
| <b>Director Requirements</b>  |  | <b>In Compliance</b> |
| <b>Employee Records</b>       |  | <b>In Compliance</b> |

Signature of Provider/Representative

Title

Date