



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Gowdy, Tonya Ann	Provider Information	CLR No: C71038
Provider Address: 707 Bell Avenue, Campbellsville, KY, 42718	Provider Type: CERTIFIED	Capacity: 6

Inspection Type: Investigation	Inspection Information	Inspection No: 321472
Date Initiated: 05/26/2022 10:40 AM	Date Concluded: 06/06/2022 2:40 PM	
No. of Children Enrolled: 10	No. of Children Present: 5	

Inspection Report		
Supervision	In Compliance	

Signature of Provider/Representative

Title

Date