



Andy Beshear
GOVERNOR

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

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Inspection Report

Provider Name: Russell, Teresa Marie	Provider Information	CLR No: C71094
Provider Address: 5565 Hwy 638, Manchester, KY, 40962	Provider Type: CERTIFIED	Capacity: 6

Inspection Type: Initial Application	Inspection Information	Inspection No: 304438
Date Initiated: 08/27/2020 10:00 AM	Date Concluded: 08/27/2020 11:45 AM	
No. of Children Enrolled: 3	No. of Children Present:	

Inspection Report		
Background Checks		In Compliance
Supervision		Discussed
General Administration		In Compliance
Provider Requirements		In Compliance
Provider Records		In Compliance
Programming		In Compliance
Premises		In Compliance
Hygienic Practices		In Compliance
First Aid/Medication		In Compliance
Outdoor Play Area		In Compliance
Equipment		In Compliance
Transportation		Not Applicable
Food Service/Food Program		Discussed
Food Service		In Compliance
Children's Records		Discussed
Written Documentation		In Compliance
Posted/Available Documentation		In Compliance
Animals		In Compliance
Posted Requirements		In Compliance
Emergency Regulation		In Compliance

Signature of Provider/Representative

Title

Date