



**Andy Beshear**  
GOVERNOR

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

**Melissa A. Moore, Director**  
Division of Regulated Child Care  
Eastern Branch  
455 Park Place, Suite 120A  
Lexington, KY 40511  
Phone: (859) 246-2301 Fax: (859) 246-2307  
<https://chfs.ky.gov/agencies/os/oig>

**Eric Friedlander**  
SECRETARY

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                                                   |                                       |                                                   |
|-----------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------|
| <b>Provider Information</b>                                                       |                                       |                                                   |
| <b>Provider Name:</b> Hallis School                                               | <b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L352868                            |
| <b>Provider Address:</b> 915 Murray Drive, Suites 342 - 354, Lexington, KY, 40505 |                                       | <b>Capacity:</b> 280                              |
| <b>Owner(s):</b> Hallis School, Inc.                                              |                                       | <b>Director(s):</b> Ritchie, Tammy; Rayan, Regina |

|                                           |                                           |                              |
|-------------------------------------------|-------------------------------------------|------------------------------|
| <b>Inspection Information</b>             |                                           |                              |
| <b>Inspection Type:</b> Investigation     | <b>Date Concluded:</b> 09/01/2017 3:30 PM | <b>Inspection No:</b> 231654 |
| <b>Date Initiated:</b> 09/01/2017 1:45 PM | <b>No. of Children Present:</b>           |                              |

|                              |  |                      |
|------------------------------|--|----------------------|
| <b>Inspection Report</b>     |  |                      |
| <b>Supervision</b>           |  | <b>In Compliance</b> |
| <b>Staffing Requirements</b> |  | <b>In Compliance</b> |
| <b>Director Requirements</b> |  | <b>In Compliance</b> |

Signature of Provider/Representative

Title

Date