



**Andy Beshear**  
GOVERNOR

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

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**Eric Friedlander**  
SECRETARY

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                                          |                                                                      |                                            |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------|
| <b>Provider Name:</b> Crestwood Christian Church Childcare Center        | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L353274                     |
| <b>Provider Address:</b> 1882 Bellefonte Drive, Lexington, KY, 40503     |                                                                      | <b>Capacity:</b> 138                       |
| <b>Owner(s):</b> Crestwood Christian Church Of Lexington, Kentucky, Inc. |                                                                      | <b>Director(s):</b> Mayes, Michelle LeeAnn |

|                                            |                                            |                              |
|--------------------------------------------|--------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Investigation      | <b>Inspection Information</b>              | <b>Inspection No:</b> 245542 |
| <b>Date Initiated:</b> 06/26/2018 10:23 AM | <b>Date Concluded:</b> 06/26/2018 11:30 AM |                              |
|                                            | <b>No. of Children Present:</b> 68         |                              |

| <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