



**Andy Beshear**  
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES**  
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**Inspection Report**

<b>Provider Name:</b> Kare Bears	<b>Provider Information</b>	<b>CLR No:</b> L358318
<b>Provider Address:</b> 3155 Custer Drive, Suite A, Lexington, KY, 40517	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 76
<b>Owner(s):</b> Peh, Inc.		<b>Director(s):</b> Oabel, Maricor Almadvones

<b>Inspection Type:</b> Investigation	<b>Inspection Information</b>	<b>Inspection No:</b> 221436
<b>Date Initiated:</b> 08/31/2017 1:15 PM	<b>Date Concluded:</b> 08/31/2017 1:40 PM	
	<b>No. of Children Present:</b> 39	

<b>Inspection Report</b>		
<b>Supervision</b>		<b>In Compliance</b>
<b>Staffing Requirements</b>		<b>In Compliance</b>
<b>Premises</b>		<b>In Compliance</b>

Signature of Provider/Representative

Title

Date