



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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SECRETARY

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<https://chfs.ky.gov/agencies/os/oig>

Inspection Report

| | | |
|---|---------------------------------|----------------------|
| Provider Name: Curtis, Michelle Lynn | Provider Information | CLR No: C6686 |
| Provider Address: 3384 Carriage Lane, Lexington, KY, 40517 | Provider Type: CERTIFIED | Capacity: 6 |

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|--|--|------------------------------|
| Inspection Type: Annual Inspection | Inspection Information | Inspection No: 290831 |
| Date Initiated: 10/03/2019 10:55 AM | Date Concluded: 10/03/2019 11:35 AM | |
| No. of Children Enrolled: 6 | No. of Children Present: 5 | |

| Inspection Report | | |
|---------------------------------------|--|-----------------------|
| Background Checks | | In Compliance |
| Supervision | | In Compliance |
| 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 | | In Compliance |
| Food Service | | In Compliance |
| Children's Records | | In Compliance |
| Written Documentation | | In Compliance |
| Posted/Available Documentation | | In Compliance |
| Animals | | In Compliance |
| Posted Requirements | | In Compliance |

Signature of Provider/Representative

Title

Date