



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                                    |                                 |                      |
|--------------------------------------------------------------------|---------------------------------|----------------------|
| <b>Provider Name:</b> Carroll, Terrie Lynn                         | <b>Provider Information</b>     | <b>CLR No:</b> C7095 |
| <b>Provider Address:</b> 1714 Harrogate Road, Lexington, KY, 40505 | <b>Provider Type:</b> CERTIFIED | <b>Capacity:</b> 6   |

|                                            |                                            |                              |
|--------------------------------------------|--------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Annual Inspection  | <b>Inspection Information</b>              | <b>Inspection No:</b> 247549 |
| <b>Date Initiated:</b> 01/14/2019 11:15 AM | <b>Date Concluded:</b> 01/14/2019 12:50 PM |                              |
| <b>No. of Children Enrolled:</b> 6         | <b>No. of Children Present:</b> 6          |                              |

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

Signature of Provider/Representative

Title

Date