



**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> Tammy Madison - Circle of Friends	<b>Provider Information</b>	<b>CLR No:</b> L359179
<b>Provider Address:</b> 1133 Parklawn Drive, Lexington, KY, 40517	<b>Provider Type:</b> LICENSED TYPE II	<b>Capacity:</b> 12
<b>Owner(s):</b> Tammy Madison – Circle of Friends		<b>Director(s):</b> Madison, Tammy Sue

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 218114
<b>Date Initiated:</b> 01/11/2017 10:06 AM	<b>Date Concluded:</b> 01/11/2017 11:20 AM	
	<b>No. of Children Present:</b> 10	

<b>Inspection Report</b>	
<b>Supervision</b>	<b>In Compliance</b>
<b>Staffing Requirements</b>	<b>In Compliance</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>
<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</b>	<b>In Compliance</b>
<b>Children's Records</b>	<b>In Compliance</b>
<b>Written Documentation</b>	<b>In Compliance</b>
<b>Posted Documentation</b>	<b>In Compliance</b>
<b>Animals</b>	<b>Not Applicable</b>

Signature of Provider/Representative

Title

Date