



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

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INSPECTOR GENERAL

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**Inspection Report**

|  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <b>Provider Name:</b> Bulldog Center                                 | <b>Provider Information</b>           | <b>CLR No:</b> L357485               |
| <b>Provider Address:</b> 5635 Louisville Road, Coks Creek, KY, 40013 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 100                 |
| <b>Owner(s):</b> Nelson County Board Of Education                    |                                       | <b>Director(s):</b> Boone, Terri Ann |

|   |  |                              |
|---|--|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>              | <b>Inspection No:</b> 293369 |
| <b>Date Initiated:</b> 07/14/2020 9:10 AM   | <b>Date Concluded:</b> 07/14/2020 11:20 AM |                              |
|   | <b>No. of Children Present:</b> 11         |                              |

| <b>Inspection Report</b>         |                      |
|----------------------------------|----------------------|
| <b>Background Checks</b>         | <b>In Compliance</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>In Compliance</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 Documentation</b>      | <b>In Compliance</b> |
| <b>Animals</b>                   | <b>In Compliance</b> |
| <b>Emergency Regulation</b>      | <b>In Compliance</b> |

Signature of Provider/Representative

Title

Date