



Andy Beshear
GOVERNOR

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

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Inspection Report

Provider Name: Peterson, Amy Kathleen	Provider Information	CLR No: C71086
Provider Address: 1004 Ashby Court, Lexington, KY, 40509	Provider Type: CERTIFIED	Capacity: 6

Inspection Type: Renewal Application	Inspection Information	Inspection No: 318734
Date Initiated: 10/08/2021 11:05 AM	Date Concluded: 10/08/2021 11:45 AM	
No. of Children Enrolled: 6	No. of Children Present: 2	

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		Not In Compliance
765 - Fire Drill Requirements		Not In Compliance
922 KAR 2:100 - Section 12. The General Requirements of the Family Child-Care Home Environment. (19) A fire drill shall be: (a) Conducted during hours of operation at least monthly; and (b) Documented.		
Findings:		
General: Based on review of documentation, the surveyor found no written evidence of completed fire drill for the month of September, 2021.		

Inspection Report

770 - Earthquake Drill and Tornado Drill Requirements

Not In Compliance

922 KAR 2:100 - Section 12. The General Requirements of the Family Child-Care Home Environment.

(20) An earthquake drill and a tornado drill shall be:

- (a) Conducted during hours of operation at least quarterly; and
- (b) Documented.

Findings:

General: Based on review of documentation, the surveyor found no written evidence of a completed tornado or earthquake drill in the third quarter of 2021.

Posted/Available Documentation

In Compliance

Animals

Not Applicable

Posted Requirements

In Compliance

Signature of Provider/Representative

Title

Date