



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

Andy Beshear
Governor

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Eric C. Friedlander
Secretary

Adam Mather
Inspector General

Inspection Report

| | | |
|--|--|----------------------|
| Provider Name: Bird, Lisa Marie | Provider Information Provider Type: CERTIFIED | CLR No: C0467 |
| Provider Address: 2539 Doup Avenue, Louisville, KY, 40205, 2605 | | Capacity: 6 |

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|---|---|------------------------------|
| Inspection Type: Annual Inspection | Inspection Information | Inspection No: 244074 |
| Date Initiated: 04/30/2018 1:35 PM | Date Concluded: 04/30/2018 2:30 PM | |
| No. of Children Enrolled: 5 | No. of Children Present: 3 | |

| 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