



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

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Inspector General

**Inspection Report**

<b>Provider Name:</b> Pierce, Connie Sue	<b>Provider Information</b> <b>Provider Type:</b> CERTIFIED	<b>CLR No:</b> C0831
<b>Provider Address:</b> 166 Eagle Creek Drive, Dry Ridge, KY, 41035		<b>Capacity:</b> 6

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 220441
<b>Date Initiated:</b> 07/13/2017 10:20 AM	<b>Date Concluded:</b> 07/13/2017 11:10 AM	
<b>No. of Children Enrolled:</b> 4	<b>No. of Children Present:</b> 7	

Inspection Report		
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		In Compliance
Children's Records		In Compliance
Written Documentation		In Compliance
Posted Documentation		In Compliance
Animals		Not Applicable
Posted Requirements		In Compliance

Signature of  
Provider/Representative

Title

Date