**Andy Beshear** 

**GOVERNOR** 



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

## Melissa A. Moore, Director

Division of Regulated Child Care Southern Branch 116 Commerce Ave London, KY 40744 Phone: (606) 330-2030 Fax: (606) 330-2056 https://chfs.ky.gov/agencies/os/oig Eric Friedlander SECRETARY

Adam Mather INSPECTOR GENERAL

|  | Inspection Report   |                              |
|--|---|------------------------------|
| Provider Name: Hart, Teresa<br>Provider Address: 3026 Hwy 910, Russell Springs, KY, 42642                | Provider Information<br>Provider Type: CERTIFIED  | CLR No: C3253<br>Capacity: 6 |
| Inspection Type: Annual Inspection<br>Date Initiated: 05/20/2021 10:15 AM<br>No. of Children Enrolled: 8 | Inspection Information<br>Date Concluded: 05/20/2021 10:51 AM<br>No. of Children Present: 6 | Inspection No: 306706        |
|  |   |                              |
|  | 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  | In Compliance                |
|  | 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

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Date