



**Andy Beshear**  
GOVERNOR

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

**Melissa A. Moore, Director**  
Division of Regulated Child Care  
Northern Branch  
908 W. Broadway, 10-W  
Louisville, KY 40203  
Phone: (502) 595-5781 Fax: (502) 595-5773  
<https://chfs.ky.gov/agencies/os/oig>

**Eric Friedlander**  
SECRETARY

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                                               |                                                                      |                                              |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------|
| <b>Provider Name:</b> Mosaic United Methodist Church Child Development Center | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L353761                       |
| <b>Provider Address:</b> 8008 St. Andrews Church Road, Louisville, KY, 40258  |                                                                      | <b>Capacity:</b> 150                         |
| <b>Owner(s):</b> Mosaic United Methodist Church, Inc.                         |                                                                      | <b>Director(s):</b> Perryman, Theresa Elaine |

|                                            |                                           |                              |
|--------------------------------------------|-------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Investigation      | <b>Inspection Information</b>             | <b>Inspection No:</b> 291796 |
| <b>Date Initiated:</b> 10/21/2019 12:40 PM | <b>Date Concluded:</b> 10/21/2019 1:10 PM |                              |
|                                            | <b>No. of Children Present:</b> 66        |                              |

| <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>Director Requirements</b> |  | <b>In Compliance</b> |
| <b>Employee Records</b>      |  | <b>In Compliance</b> |
| <b>Transportation</b>        |  | <b>In Compliance</b> |

Signature of Provider/Representative

Title

Date