



**Andy Beshear**  
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES  
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**Inspection Report**

|   |                                       |                                 |
|---|---------------------------------------|---------------------------------|
| <b>Provider Name:</b> New Beginnings Early Learning Center          | <b>Provider Information</b>           | <b>CLR No:</b> L383365          |
| <b>Provider Address:</b> 585 West Main Street, Lexington, KY, 40507 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 99             |
| <b>Owner(s):</b> New Beginnings Early Learning Center, LLC          |                                       | <b>Director(s):</b> Martin, Lea |

|  |  |                              |
|--|--|------------------------------|
| <b>Inspection Type:</b> Investigation      | <b>Inspection Information</b>              | <b>Inspection No:</b> 290562 |
| <b>Date Initiated:</b> 07/31/2019 10:25 AM | <b>Date Concluded:</b> 07/31/2019 11:00 AM |                              |
|  | <b>No. of Children Present:</b> 29         |                              |

|                          |                              |                      |
|--------------------------|------------------------------|----------------------|
| <b>Inspection Report</b> |                              |                      |
|                          | <b>Supervision</b>           | <b>In Compliance</b> |
|                          | <b>Staffing Requirements</b> | <b>In Compliance</b> |
|                          | <b>Director Requirements</b> | <b>In Compliance</b> |

Signature of Provider/Representative

Title

Date