



**Andy Beshear**  
GOVERNOR

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

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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

<b>Provider Name:</b> Academy of Little Learners	<b>Provider Information</b>	<b>CLR No:</b> L358018
<b>Provider Address:</b> 812 Wilmore Road, Ste.600, Nicholasville, KY, 40356	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 145
<b>Owner(s):</b> Academy Of Little Learners, Llc		<b>Director(s):</b> Melchiorre, Donna Sue

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 243974
<b>Date Initiated:</b> 04/18/2018 9:30 AM	<b>Date Concluded:</b> 04/18/2018 11:45 AM	
	<b>No. of Children Present:</b> 73	

Inspection Report		
	<b>Background Checks</b>	<b>In Compliance</b>
	<b>Supervision</b>	<b>In Compliance</b>
	<b>Staffing Requirements</b>	<b>In Compliance</b>
	<b>General Administration</b>	<b>In Compliance</b>
	<b>Director Requirements</b>	<b>In Compliance</b>
	<b>Employee Records</b>	<b>In Compliance</b>
	<b>Programming</b>	<b>In Compliance</b>
	<b>Premises</b>	<b>In Compliance</b>
	<b>Hygienic Practices</b>	<b>In Compliance</b>
	<b>First Aid/Medication</b>	<b>In Compliance</b>
	<b>Outdoor Play Area</b>	<b>Not In Compliance</b>

**760 - Fences** **Not In Compliance**

**922 KAR 2:120. Section 4. Premises Requirements.**

**(23) Fences shall be:**

- (a) Constructed of safe material;**
- (b) Stable; and**
- (c) In good condition.**

**Findings:**

General: Based on Observation, the fence surrounding the play area furthest from the building was broken and not stable. The hinges in the broken area were rusted and the broken area left a gap which children could exit the playground.

<b>Equipment</b>	<b>In Compliance</b>
<b>Transportation</b>	<b>Not Applicable</b>
<b>Food Service/Food Program</b>	<b>In Compliance</b>
<b>Food Service</b>	<b>In Compliance</b>
<b>Children's Records</b>	<b>In Compliance</b>
<b>Written Documentation</b>	<b>In Compliance</b>
<b>Posted Documentation</b>	<b>In Compliance</b>

Signature of Provider/Representative

Title

Date