



**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**

|                                                                 |                                       |                                           |
|-----------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| <b>Provider Name:</b> Wendy's Wonderland                        | <b>Provider Information</b>           | <b>CLR No:</b> L383088                    |
| <b>Provider Address:</b> 14 Garth Street, Monticello, KY, 42633 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 62                       |
| <b>Owner(s):</b> Wendy's Wonderland, Inc.                       |                                       | <b>Director(s):</b> Phillips, Erica Marie |

|                                            |                                           |                              |
|--------------------------------------------|-------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Investigation      | <b>Inspection Information</b>             | <b>Inspection No:</b> 246393 |
| <b>Date Initiated:</b> 08/17/2018 10:45 AM | <b>Date Concluded:</b> 08/17/2018 2:30 PM |                              |
|                                            | <b>No. of Children Present:</b> 27        |                              |

| 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> |

Signature of Provider/Representative

Title

Date