



**Andy Beshear**  
GOVERNOR

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

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**Eric Friedlander**  
SECRETARY

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                                                                                                                                                                                 |                                                                      |                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Provider Name:</b> Wellington Elementary Compass Zone<br>Afterschool Program<br><br><b>Provider Address:</b> 3280 Keithshine Way, Lexington, KY, 40503<br><b>Owner(s):</b> Fayette County Board Of Education | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L383520<br><br><b>Capacity:</b> 150(Bldg 1: 150)<br><b>Director(s):</b> Readnower-Phillips,<br>Brittany |
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|                                                                                    |                                                                                                                   |                              |
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| <b>Inspection Type:</b> Investigation<br><b>Date Initiated:</b> 12/07/2016 2:41 PM | <b>Inspection Information</b><br><br><b>Date Concluded:</b> 12/07/2016 3:15 PM<br><b>No. of Children Present:</b> | <b>Inspection No:</b> 217971 |
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| <b>Inspection Report</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> |

Signature of Provider/Representative

Title

Date