



**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> Smart Start Early Learning Academy                        | <b>Provider Information</b>           | <b>CLR No:</b> L383861                 |
| <b>Provider Address:</b> 2801 Us Highway 25e, Suite 100, Middlesboro, KY, 40965 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 79                    |
| <b>Owner(s):</b> Smart Start Early Learning Academy, LLC                        |                                       | <b>Director(s):</b> Rudd, Taylor Leigh |

|                                            |                                            |                              |
|--------------------------------------------|--------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Investigation      | <b>Inspection Information</b>              | <b>Inspection No:</b> 304266 |
| <b>Date Initiated:</b> 08/31/2020 11:00 AM | <b>Date Concluded:</b> 08/31/2020 12:30 PM |                              |
|                                            | <b>No. of Children Present:</b> 28         |                              |

| <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> |
| <b>Programming</b>           |  | <b>In Compliance</b> |

Signature of Provider/Representative

Title

Date