



**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 Information</b>                                               |                                       | <b>CLR No:</b> L358536                      |
| <b>Provider Name:</b> New Beginnings Christian Academy                    | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 453                        |
| <b>Provider Address:</b> 401 West Poplar Street, Elizabethtown, KY, 42701 |                                       | <b>Director(s):</b> Johnson, Kimberly Renee |
| <b>Owner(s):</b> New Beginnings Christian Academy, Inc.                   |                                       |                                             |

|                                           |                                            |                              |
|-------------------------------------------|--------------------------------------------|------------------------------|
| <b>Inspection Information</b>             |                                            | <b>Inspection No:</b> 289466 |
| <b>Inspection Type:</b> Investigation     | <b>Date Concluded:</b> 05/01/2019 10:30 AM |                              |
| <b>Date Initiated:</b> 05/01/2019 9:00 AM | <b>No. of Children Present:</b> 81         |                              |

| <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