



**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>Provider Name:</b> Campus Kids Early Learning Center                 | <b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L359235              |
| <b>Provider Address:</b> 1165 Centre Parkway #225, Lexington, KY, 40517 |                                       | <b>Capacity:</b> 66                 |
| <b>Owner(s):</b> Employment Solutions, Inc.                             |                                       | <b>Director(s):</b> Coston, Robin L |

|                                           |                                           |                              |
|-------------------------------------------|-------------------------------------------|------------------------------|
| <b>Inspection Information</b>             |                                           |                              |
| <b>Inspection Type:</b> Investigation     |                                           | <b>Inspection No:</b> 243380 |
| <b>Date Initiated:</b> 01/10/2018 2:30 PM | <b>Date Concluded:</b> 01/10/2018 4:45 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> |

Signature of Provider/Representative

Title

Date