



**Andy Beshear**  
GOVERNOR

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

**Melissa A. Moore, Director**  
Division of Regulated Child Care  
Eastern Branch  
455 Park Place, Suite 120A  
Lexington, KY 40511  
Phone: (859) 246-2301 Fax: (859) 246-2307  
<https://chfs.ky.gov/agencies/os/oig>

**Eric Friedlander**  
SECRETARY

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                                      |                                       |                                               |
|----------------------------------------------------------------------|---------------------------------------|-----------------------------------------------|
| <b>Provider Name:</b> Kids & Cribs Child Enrichment Center           | <b>Provider Information</b>           | <b>CLR No:</b> L383634                        |
| <b>Provider Address:</b> 1205 Alexandria Pike, Ft. Thomas, KY, 41075 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 93(Bldg 1: 93)               |
| <b>Owner(s):</b> Kids & Cribs Child Enrichment Center LLC            |                                       | <b>Director(s):</b> Wefer-Geiman, Kimberley J |

|                                             |                                            |                              |
|---------------------------------------------|--------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Initial Application | <b>Inspection Information</b>              | <b>Inspection No:</b> 219772 |
| <b>Date Initiated:</b> 04/27/2017 10:00 AM  | <b>Date Concluded:</b> 04/27/2017 11:30 AM |                              |
|                                             | <b>No. of Children Present:</b> 85         |                              |

| Inspection Report             |  |                       |
|-------------------------------|--|-----------------------|
| <b>Supervision</b>            |  | <b>In Compliance</b>  |
| <b>Staffing Requirements</b>  |  | <b>Discussed</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>  |
| <b>Programming</b>            |  | <b>In Compliance</b>  |
| <b>Premises</b>               |  | <b>In Compliance</b>  |
| <b>Hygienic Practices</b>     |  | <b>In Compliance</b>  |
| <b>First Aid/Medication</b>   |  | <b>In Compliance</b>  |
| <b>Outdoor Play Area</b>      |  | <b>In Compliance</b>  |
| <b>Equipment</b>              |  | <b>In Compliance</b>  |
| <b>Transportation</b>         |  | <b>Not Applicable</b> |
| <b>Food Service</b>           |  | <b>In Compliance</b>  |
| <b>Children's Records</b>     |  | <b>Discussed</b>      |
| <b>Written Documentation</b>  |  | <b>In Compliance</b>  |
| <b>Posted Documentation</b>   |  | <b>In Compliance</b>  |
| <b>Animals</b>                |  | <b>Not Applicable</b> |

Signature of Provider/Representative

Title

Date