



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: NKCAC Ft. Wright Head Start	Provider Information	CLR No: L383872
Provider Address: 501 Farrell Drive, Covington, KY, 41011	Provider Type: LICENSED TYPE I	Capacity: 39
Owner(s): Northern Kentucky Community Action Commission, Incorporated		Director(s): Wolsing, Laurie Dee

Inspection Type: Renewal Application	Inspection Information	Inspection No: 305862
Date Initiated: 01/11/2021 9:37 AM	Date Concluded: 01/11/2021 10:41 AM	
	No. of Children Present:	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	Not In Compliance
340 - Staff Meeting	Not In Compliance
922 KAR 2:090. Section 10. Director Requirements and Responsibilities.	
(1) A director shall:	
(i) Conduct, manage, and document in writing recurring staff meetings;	
Findings:	
General: Based on observation and review of documentation, this regulatory requirement was not met. The facility did not have written evidence of conducting staff meetings.	
Employee Records	In Compliance
Programming	In Compliance
Premises	In Compliance
Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	In Compliance
Transportation	Not Applicable
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	In Compliance
Written Documentation	In Compliance
Posted Documentation	In Compliance
Animals	In Compliance
Emergency Regulation	In Compliance

Signature of Provider/Representative

Title

Date