



**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> KinderCare - Ft. Wright                          | <b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L384127           |
| <b>Provider Address:</b> 1515 Sleepy Hollow Rd., Ft. Wright, KY, 41015 |                                       | <b>Capacity:</b> 125             |
| <b>Owner(s):</b> KinderCare Education LLC                              |                                       | <b>Director(s):</b> Bishop, Sara |

|                                            |                                            |                              |
|--------------------------------------------|--------------------------------------------|------------------------------|
| <b>Inspection Information</b>              |                                            |                              |
| <b>Inspection Type:</b> Investigation      | <b>Date Concluded:</b> 05/12/2022 12:20 PM | <b>Inspection No:</b> 321412 |
| <b>Date Initiated:</b> 05/12/2022 11:40 AM | <b>No. of Children Present:</b> 50         |                              |

|                               |                      |  |
|-------------------------------|----------------------|--|
| <b>Inspection Report</b>      |                      |  |
| <b>Supervision</b>            | <b>In Compliance</b> |  |
| <b>Staffing Requirements</b>  | <b>In Compliance</b> |  |
| <b>General Administration</b> | <b>In Compliance</b> |  |

Signature of Provider/Representative

Title

Date