



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Alexandria Head Start	Provider Information Provider Type: LICENSED TYPE I	CLR No: L383318
Provider Address: 51 Orchard Lane, Alexandria, KY, 41001		Capacity: 40
Owner(s): Northern Kentucky Community Action Commission, Incorporated		Director(s): Wolsing, Laurie Dee

Inspection Type: Renewal Application	Inspection Information	Inspection No: 305871
Date Initiated: 02/23/2021 10:33 AM	Date Concluded: 02/23/2021 12:00 PM	
	No. of Children Present: 9	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	In Compliance
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	In Compliance
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	In Compliance
Written Documentation	In Compliance
Posted Documentation	In Compliance
Animals	Not Applicable
Emergency Regulation	In Compliance

Signature of Provider/Representative

Title

Date