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GOVERNOR

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Inspection Report

Provider Name: NKCAC Head Start - Life Learning Center	Provider Information Provider Type: LICENSED TYPE I	CLR No: L384261
Provider Address: 20 W. 18th Street, Covington, KY, 41011		Capacity: 36
Owner(s): Northern Kentucky Community Action Incorporated		Director(s): Wolsing, Laurie

Inspection Type: Initial Application	Inspection Information	Inspection No: 319945
Date Initiated: 01/13/2022 12:00 PM	Date Concluded: 01/13/2022 1:15 PM	
	No. of Children Present:	

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	Not In Compliance

690 - Sink **Not In Compliance**

922 KAR 2:120. Section 12. Toilet, Diapering, and Toiletry Requirements.

(3) A sink shall be:

- (a) Located in or immediately adjacent to toilet rooms;
- (b) Equipped with hot and cold running water that allows for hand washing;
- (c) Equipped with hot water at a minimum temperature of ninety (90) degrees Fahrenheit and a maximum of 120 degrees Fahrenheit;
- (d) Equipped with liquid soap;
- (e) Equipped with hand-drying blower or single use disposable hand drying material;
- (f) Equipped with an easily cleanable waste receptacle; and
- (g) Immediately adjacent to a changing area used for infants and toddlers.

Findings:

General: Based on observation, the temperature of the water at the hand-washing sink in the bathroom registered 128 degrees, when measured with a thermometer.

Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	In Compliance
Transportation	In Compliance
Kitchen Requirements	In Compliance
Food Service	In Compliance

Inspection Report

Meal Planning/Center Provides Meals	In Compliance
Meal Planning/Center Does Not Provide Meals	Discussed
Children's Records	Discussed
Written Documentation	In Compliance
Posted Documentation	In Compliance
Animals	In Compliance

Signature of Provider/Representative

Title

Date