



**Andy Beshear**  
GOVERNOR

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

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SECRETARY

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INSPECTOR GENERAL

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**Inspection Report**

|   |  |                                     |
|---|--|-------------------------------------|
| <b>Provider Name:</b> Boone County Head Start Northern KY<br>Community Action Commision | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L359315              |
| <b>Provider Address:</b> 3261 Maplewood Drive, Burlington, KY, 41005                    |  | <b>Capacity:</b> 72                 |
| <b>Owner(s):</b> NKCAC  |  | <b>Director(s):</b> Wolsing, Laurie |

|   |  |                              |
|---|--|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>              | <b>Inspection No:</b> 321274 |
| <b>Date Initiated:</b> 10/25/2022 9:55 AM   | <b>Date Concluded:</b> 10/25/2022 11:00 AM |                              |
|   | <b>No. of Children Present:</b> 35         |                              |

| <b>Inspection Report</b>                           |                      |
|--|----------------------|
| <b>Background Checks</b>                           | <b>In Compliance</b> |
| <b>Supervision</b>                                 | <b>In Compliance</b> |
| <b>Staffing Requirements</b>                       | <b>In Compliance</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>In Compliance</b> |
| <b>Kitchen Requirements</b>                        | <b>In Compliance</b> |
| <b>Food Service</b>                                | <b>In Compliance</b> |
| <b>Meal Planning/Center Provides Meals</b>         | <b>In Compliance</b> |
| <b>Meal Planning/Center Does Not Provide Meals</b> | <b>In Compliance</b> |
| <b>Children's Records</b>                          | <b>In Compliance</b> |
| <b>Written Documentation</b>                       | <b>In Compliance</b> |
| <b>Posted Documentation</b>                        | <b>In Compliance</b> |
| <b>Animals</b>                                     | <b>In Compliance</b> |

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Signature of Provider/Representative

Title

Date