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GOVERNOR

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Inspection Report

Provider Name: Boone County Head Start Northern KY Community Action Commission	Provider Information Provider Type: LICENSED TYPE I	License No: L359315
Provider Address: 3261 Maplewood Drive, Burlington, KY, 41005		Capacity: 34
Owner(s): Northern Kentucky Community Action Commission, Incorporated		Director(s): Wolsing, Laurie

Inspection Type: Investigation	Inspection Information	Inspection No: 9761
Visit Start Date: 07/19/2012 9:00 AM	Visit End Date: 07/19/2012 9:15 AM	
	No. of Children Present: 0	

Inspection Report

Supervision

167 - Children supervised/Protected

922 KAR 2:120 - Section 2 (3)

(a) Each center shall maintain a child care program that assures each child will be:

1. Provided adequate supervision at all times; and
2. Protected from abuse or neglect.

1) Adequately supervised at all times

In Compliance

Staffing Requirements

162 - Ratios and Group Size

In Compliance

922 KAR 2:120 - Section 2

(2) Minimum staff-to-child ratios and group size for an operating child-care center shall be maintained as follows:

Age of Children Ratio Maximum

Group

Size*

Infant 1 staff for 5 children 10

Toddler 1 staff for 6 children 12

2 to 3 years 1 staff for 10 children 20

3 to 4 years 1 staff for 12 children 24

4 to 5 years 1 staff for 14 children 28

5 to 7 years 1 staff for 15 children 30

7 and older 1 staff for 25 children

(for before and after school) 30

1 staff for 20 children

(full day of care) 30

*Maximum Group Size shall be applicable only to Type I centers.

Director Requirements

118 - Health, Safety, Comfort

In Compliance

922 KAR 2:110 - Section 4 (1)

(I) Provide for the health, safety, and comfort of each child;



Inspection Report

Employee Records

128 - CPR/First Aid Coverage

922 KAR 2:110 - Section 5

(3) At least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:

- (a) Infant and child cardiopulmonary resuscitation; and**
- (b) Infant and child first aid.**

1) CPR

In Compliance

2) First Aid

In Compliance

Signature of
Provider/Representative

Title

Date