



**Andy Beshear**  
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES**  
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**Inspection Report**

<b>Provider Name:</b> St. Catharine Head Start	<b>Provider Information</b> <b>Provider Type:</b> LICENSED TYPE I	<b>CLR No:</b> L357718
<b>Provider Address:</b> 100 Callahan Drive, St. Catharine, KY, 40061		<b>Capacity:</b> 41
<b>Owner(s):</b> Central Kentucky Community Action Council, Incorporated		<b>Director(s):</b> Smith, Pamela Anne

<b>Inspection Type:</b> Change of Location	<b>Inspection Information</b>	<b>Inspection No:</b> 291647
<b>Date Initiated:</b> 10/08/2019 10:00 AM	<b>Date Concluded:</b> 10/08/2019 11:00 AM	
	<b>No. of Children Present:</b>	

<b>Inspection Report</b>	
<b>General Administration</b>	<b>In Compliance</b>
<b>Programming</b>	<b>In Compliance</b>
<b>Premises</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>Food Service</b>	<b>In Compliance</b>
<b>Posted Documentation</b>	<b>In Compliance</b>

Signature of Provider/Representative

Title

Date