



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Springfield Head Start	Provider Information Provider Type: LICENSED TYPE I	CLR No: L357718
Provider Address: 394 Lincoln Drive Suite 1, Springfield, KY 40069		Capacity: 76
Owner(s): Central Kentucky Community Action Council, Incorporated		Director(s): Stanley, "Tammy" Mary Tamara

Inspection Type: Change of Location	Inspection Information	Inspection No: 307945
Date Initiated: 07/09/2021 1:45 PM	Date Concluded: 07/09/2021 2:30 PM	
	No. of Children Present:	

Inspection Report		
Supervision		In Compliance
Staffing Requirements		In Compliance
General Administration		In Compliance
Premises		In Compliance
Outdoor Play Area		In Compliance
Equipment		In Compliance
Food Service		In Compliance
Written Documentation		In Compliance
Posted Documentation		In Compliance

Signature of Provider/Representative

Title

Date