



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Eric Friedlander
SECRETARY

Melissa A. Moore, Director
Division of Regulated Child Care
Eastern Branch
455 Park Place, Suite 120A
Lexington, KY 40511

Adam Mather
INSPECTOR GENERAL

Phone: (859) 246-2301 Fax: (859) 246-2307
<https://chfs.ky.gov/agencies/os/oig>

Inspection Report

Provider Name: Versailles-Woodford Head Start Center	Provider Information	CLR No: L350789
Provider Address: 200 Park Street, Versailles, KY, 40383	Provider Type: LICENSED TYPE I	Capacity: 40
Owner(s): Blue Grass Community Action Partnership, Inc.		Director(s): Banks, Betty J

Inspection Type: Investigation	Inspection Information	Inspection No: 289539
Date Initiated: 04/25/2019 10:10 AM	Date Concluded: 04/25/2019 11:00 AM	
	No. of Children Present: 30	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
Director Requirements	Not In Compliance
350 - Health, Safety, Comfort	Not In Compliance

922 KAR 2:090. Section 10. Director Requirements and Responsibilities.
(1) A director shall:
(l) Assure the health, safety, and comfort of each child;

Findings:

General: Based on interview and review of documentation, it was found that on 3/21/19 a four year old child was removed from the classroom and allowed to be taken in the hall for a visit with her paternal grandmother. The child's father's girlfriend was also present during the visit in the hallway. According to staff the grandmother and the girlfriend visited with the child in the hallway for ten (10) to fifteen (15) minutes. A review of the child's file found that there was an Order of Protection regarding domestic violence against the child's father. The child was listed as a protected minor. Further, neither the grandmother nor the father's girlfriend were listed as authorized pick-ups or contacts in the child's file. The facility did not notify the child's mother about the visit until she picked the child up that afternoon. The mother disenrolled the child from the facility as a result of the incident.

Signature of Provider/Representative

Title

Date