



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

| | | |
|---|---------------------------------------|------------------------------------|
| Provider Name: Louisa Head Start | Provider Information | CLR No: L352034 |
| Provider Address: 409 West Pike Street, Louisa, KY, 41230 | Provider Type: LICENSED TYPE I | Capacity: 62 |
| Owner(s): Northeast Kentucky Community Action Agency, Inc. | | Director(s): Smith, Shawnda |

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|---|--|------------------------------|
| Inspection Type: Renewal Application | Inspection Information | Inspection No: 318090 |
| Date Initiated: 09/28/2021 10:50 AM | Date Concluded: 09/28/2021 12:35 PM | |
| | No. of Children Present: 29 | |

| Inspection Report | |
|-------------------------------|--------------------------|
| Background Checks | In Compliance |
| Supervision | In Compliance |
| Staffing Requirements | In Compliance |
| General Administration | In Compliance |
| Director Requirements | In Compliance |
| Employee Records | Not In Compliance |

405 - TB Verification **Not In Compliance**

922 KAR 2:090. Section 11. Staff Requirements.
(1) Child-care center staff:
(b) Shall provide, prior to employment and every two (2) years thereafter:
 1. A statement from a health professional that the individual is free of active tuberculosis; or
 2. A copy of negative tuberculin results.

Findings:

General: Based on review of documentation, a staff person hired 10/14/2019 did not have a current, negative TB test or statement from a health professional on file.

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|--|----------------------|
| Programming | In Compliance |
| Premises | In Compliance |
| Hygienic Practices | In Compliance |
| First Aid/Medication | In Compliance |
| Outdoor Play Area | In Compliance |
| Equipment | In Compliance |
| Transportation | In Compliance |
| Kitchen Requirements | In Compliance |
| Food Service | In Compliance |
| Meal Planning/Center Provides Meals | In Compliance |
| Meal Planning/Center Does Not Provide Meals | In Compliance |
| Children's Records | In Compliance |

Inspection Report

Written Documentation

In Compliance

Posted Documentation

In Compliance

Animals

In Compliance

Signature of Provider/Representative

Title

Date