



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
Southern Branch
116 Commerce Ave
London, KY 40744

Adam Mather
INSPECTOR GENERAL

Phone: (606) 330-2030 Fax: (606) 330-2056
<https://chfs.ky.gov/agencies/os/oig>

Inspection Report

Provider Name: Burkesville Head Start	Provider Information	CLR No: L352249
Provider Address: 46 David L Williams St., Burkesville, KY, 42717	Provider Type: LICENSED TYPE I	Capacity: 60
Owner(s): LAKE CUMBERLAND COMMUNITY ACTION AGENCY, INC.		Director(s): Brown, Elizabeth Phelps

Inspection Type: Renewal Application	Inspection Information	Inspection No: 217408
Date Initiated: 11/30/2016 10:34 AM	Date Concluded: 11/30/2016 12:02 PM	
	No. of Children Present: 33	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	In Compliance
Employee Records	In Compliance
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
Food Service	In Compliance
Children's Records	In Compliance
Written Documentation	Not In Compliance
1130 - Confidentiality/Maintenance/Access	Not In Compliance
<p>922 KAR 2:110. Section 3. Records. (2) A child-care center shall: (a) Maintain the confidentiality of a child's record; (b) Maintain all records for five (5) years; and (c) Provide the cabinet access and information in the completion of the investigation pursuant to KRS 620.030(4).</p>	
Findings:	
<p>General: Based on observation of Classroom A, the confidentiality of each child was not protected, i.e., there were file folders that contained the children's first and last names. The folders were located next to the classroom entrance and were accesible and within view of anyone who entered the classroom.</p>	
Posted Documentation	In Compliance
Animals	In Compliance

Signature of Provider/Representative

Title

Date