



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Grayson Head Start	Provider Information	CLR No: L352305
Provider Address: 319 East Fourth St., Grayson, KY, 41143	Provider Type: LICENSED TYPE I	Capacity: 38
Owner(s): Northeast Kentucky Community Action Agency, Inc.		Director(s): Hammond, Alyce Faye

Inspection Type: Investigation	Inspection Information	Inspection No: 242727
Date Initiated: 11/27/2017 3:15 PM	Date Concluded: 11/27/2017 3:30 PM	
	No. of Children Present: 26	

Inspection Report		
General Administration		In Compliance
Director Requirements		In Compliance
Employee Records		In Compliance

Signature of Provider/Representative

Title

Date