



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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SECRETARY

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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): Smith, Shawnda

Inspection Type: Investigation	Inspection Information	Inspection No: 307378
Date Initiated: 05/06/2021 10:15 AM	Date Concluded: 05/06/2021 10:35 AM	
	No. of Children Present: 14	

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

Signature of Provider/Representative

Title

Date