



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): Smith, Shawnda

Inspection Type: Renewal Application	Inspection Information	Inspection No: 319457
Date Initiated: 12/09/2021 10:10 AM	Date Concluded: 12/09/2021 11:30 AM	
	No. of Children Present: 12	

Inspection Report	
Background Checks	In Compliance
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
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
Written Documentation	In Compliance
Posted Documentation	In Compliance
Animals	In Compliance

Signature of Provider/Representative

Title

Date