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**Inspection Report**

<b>Provider Name:</b> Hayes Lewis Head Start	<b>Provider Information</b>	<b>CLR No:</b> L352335
<b>Provider Address:</b> 10130 Cutshin Road, Yeaddis, KY, 41777	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 30
<b>Owner(s):</b> Leslie, Knott, Letcher, Perry Counties Head Start Program, Incorporated		<b>Director(s):</b> Sexton, Hazel Renee

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 320055
<b>Date Initiated:</b> 04/25/2022 12:30 PM	<b>Date Concluded:</b> 04/25/2022 1:30 PM	
	<b>No. of Children Present:</b> 11	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	Not In Compliance
270 - Notification of Changes	Not In Compliance

**922 KAR 2:090. Section 13. Reports.**

**(4)(a) Written notification of the following shall be:**

- 1. Made to the cabinet, in writing, to allow for approval before implementation:**
  - a. Change of ownership;**
  - b. Change of location;**
  - c. Increase in capacity;**
  - d. Change in hours of operation;**
  - e. Change of services in the following categories:**
    - (i) Infant;**
    - (ii) Toddler;**
    - (iii) Preschool-age;**
    - (iv) School-age;**
    - (v) Nontraditional hours; or**
    - (vi) Transportation; or**
  - f. Addition to or reduction of the square footage of a child-care center's premises; and**
- 2. Signed by each owner listed on the preliminary or regular license.**

**Findings:**

General: Based on observation, interview, and review of documentation, the surveyor confirmed that the child-care center was closed on 04/05/21. The surveyor attempted to conduct a visit on 04/05/21 after reviewing in the KICCS portal that the center followed the county school schedule. The surveyor was met by a staff person and was told that the Head Start program was closed for the week to give the students and staff a spring break. The surveyor observed the county school to be in session and the Head Start program to be closed; therefore, written notification was not provided for closure of the center and the surveyor was unable to conduct a renewal visit at the scheduled time.

During the renewal visit on 04/25/27, the staff in charge confirmed that the center was closed from 04/04/21 - 04/08/21 and that central office was in charge of the Head Start schedules/closures.

Inspection Report	
Director Requirements	Not In Compliance
360 - Staff Evaluation	Not In Compliance
922 KAR 2:090. Section 10. Director Requirements and Responsibilities. (1) A director shall: (j) Assess each staff person's interaction with children in care and classroom performance through an annual written performance evaluation;	
Findings: General: Based on observation, the surveyor found the following:  1. A staff's (DOH: 08/24/86) file contained an annual written performance evaluation dated for 04/23/21.  2. A staff's (DOH: 08/01/16) file contained an annual written performance evaluation dated for 04/23/27.  3. A staff's (DOH: 08/17/20) file contained an annual written performance evaluation dated for 04/12/21.  Therefore, the surveyor was unable to determine that the staff evaluations were completed annually. During the exit conference, the staff-in-charge stated that she was in the process of completing the staff evaluations and would email them to the surveyor once completed.	
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	Not In Compliance
1280 - Professional Development	Not In Compliance
922 KAR 2:090. Section 9. Records. (1) A child-care center shall maintain: (f) A written annual plan for child-care staff professional development;	
Findings: General: Based on review of documentation, the surveyor found the following:  1. A staff's (DOH: 08/24/86) file contained a professional development plan dated for 04/23/21.  2. A staff's (DOH: 08/01/16) file contained a professional development plan dated for 04/23/21.  3. A staff's (DOH: 09/06/18) file contained a professional development plan dated for 04/22/21.  4. A staff's (DOH: 08/17/20) file contained a professional development plan dated for 04/12/21.  Therefore, the surveyor was unable to determine that the professional development plans were completed annually. During the exit conference, the staff-in-charge stated that she was in the process of completing the professional development plans and would email them to the surveyor once completed.	
Posted Documentation	In Compliance
Animals	In Compliance