



**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  
Northern Branch  
908 W. Broadway, 10-W  
Louisville, KY 40203  
Phone: (502) 595-5781 Fax: (502) 595-5773  
<https://chfs.ky.gov/agencies/os/oig>

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|  |  |                                   |
|--|--|-----------------------------------|
| <b>Provider Name:</b> Painted Stone Head Start/Early Head Start                  | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L383650            |
| <b>Provider Address:</b> 150 Warriors Way, Shelbyville, KY, 40065                |  | <b>Capacity:</b> 47(Bldg 1: 1607) |
| <b>Owner(s):</b> Ohio Valley Educational Cooperative Head Start/Early Head Start |  | <b>Director(s):</b> Fithian, Kim  |

|   |  |                              |
|---|--|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>              | <b>Inspection No:</b> 319941 |
| <b>Date Initiated:</b> 02/28/2022 8:45 AM   | <b>Date Concluded:</b> 02/28/2022 10:20 AM |                              |
|   | <b>No. of Children Present:</b> 13         |                              |

| <b>Inspection Report</b>                           |                       |
|--|-----------------------|
| <b>Background Checks</b>                           | <b>In Compliance</b>  |
| <b>Supervision</b>                                 | <b>In Compliance</b>  |
| <b>Staffing Requirements</b>                       | <b>In Compliance</b>  |
| <b>General Administration</b>                      | <b>In Compliance</b>  |
| <b>Director Requirements</b>                       | <b>In Compliance</b>  |
| <b>Employee Records</b>                            | <b>In Compliance</b>  |
| <b>Programming</b>                                 | <b>In Compliance</b>  |
| <b>Premises</b>                                    | <b>In Compliance</b>  |
| <b>Hygienic Practices</b>                          | <b>In Compliance</b>  |
| <b>First Aid/Medication</b>                        | <b>In Compliance</b>  |
| <b>Outdoor Play Area</b>                           | <b>In Compliance</b>  |
| <b>Equipment</b>                                   | <b>In Compliance</b>  |
| <b>Transportation</b>                              | <b>Not Applicable</b> |
| <b>Kitchen Requirements</b>                        | <b>In Compliance</b>  |
| <b>Food Service</b>                                | <b>In Compliance</b>  |
| <b>Meal Planning/Center Provides Meals</b>         | <b>In Compliance</b>  |
| <b>Meal Planning/Center Does Not Provide Meals</b> | <b>In Compliance</b>  |
| <b>Children's Records</b>                          | <b>In Compliance</b>  |
| <b>Written Documentation</b>                       | <b>In Compliance</b>  |
| <b>Posted Documentation</b>                        | <b>In Compliance</b>  |
| <b>Animals</b>                                     | <b>In Compliance</b>  |

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Signature of Provider/Representative

Title

Date