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Inspection Report

Provider Name: Allen County Head Start	Provider Information	License No: L352764
Provider Address: 25 JI Turner And Son Place, Scottsville, KY, 42164	Provider Type: LICENSED TYPE I	Capacity: 60
Owner(s): COMMUNITY ACTION OF SOUTHERN KENTUCKY, INCORPORATED		Director(s): Haddix, Tracy

Inspection Type: Investigation	Inspection Information	Inspection No: 14507
Visit Start Date: 11/01/2012 9:40 AM	Visit End Date: 11/01/2012 10:50 AM	
	No. of Children Present: 49	

Inspection Report

Supervision

186 - Activity Areas/Equipment/Materials	In Compliance
922 KAR 2:120 - Section 3 (2) Activity areas, equipment, and materials shall be arranged so that the child's activity can be given adequate supervision by staff.	

Staffing Requirements

162 - Ratios and Group Size	In Compliance
922 KAR 2:120 - Section 2 (2) Minimum staff-to-child ratios and group size for an operating child-care center shall be maintained as follows: Age of Children Ratio Maximum Group Size* Infant 1 staff for 5 children 10 Toddler 1 staff for 6 children 12 2 to 3 years 1 staff for 10 children 20 3 to 4 years 1 staff for 12 children 24 4 to 5 years 1 staff for 14 children 28 5 to 7 years 1 staff for 15 children 30 7 and older 1 staff for 25 children (for before and after school) 30 1 staff for 20 children (full day of care) 30 *Maximum Group Size shall be applicable only to Type I centers.	

Outdoor Play Area

220 - Playground maintained	In Compliance
922 KAR 2:120 - Section 4 (18) (f) Well maintained;	



Inspection Report

Equipment - Classroom

295 - Indoor/outdoor Equipment

922 KAR 2:120 - Section 11

(2) Indoor and outdoor equipment shall:

- (a) Be clean, safe, and in good repair;**
- (b) Meet the physical, developmental needs, and interests of children of different age groups;**
- (c) Be free from sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, hazardous small parts, lead-based paint, poisonous material, and flaking or chalking paint; and**
- (d) Be designed to guard against entrapment or situations that may cause strangulation.**

3) Good repair

In Compliance

Signature of
Provider/Representative

Title

Date