



**Andy Beshear**  
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES**  
**OFFICE OF INSPECTOR GENERAL**

**Eric Friedlander**  
SECRETARY

**Melissa A. Moore, Director**  
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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|   |  |                                  |
|---|--|----------------------------------|
| <b>Provider Name:</b> Cedar Grove Head Start                              | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L357734           |
| <b>Provider Address:</b> 1900 Cedar Grove Road, Shepherdsville, KY, 40165 |  | <b>Capacity:</b> 39              |
| <b>Owner(s):</b> Ohio Valley Educational Cooperative                      |  | <b>Director(s):</b> Fithian, Kim |

|   |  |                              |
|---|--|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>              | <b>Inspection No:</b> 307409 |
| <b>Date Initiated:</b> 05/10/2021 8:55 AM   | <b>Date Concluded:</b> 05/10/2021 10:45 AM |                              |
|   | <b>No. of Children Present:</b> 11         |                              |

| <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>In Compliance</b> |
| <b>Food Service/Food Program</b> | <b>In Compliance</b> |
| <b>Food Service</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> |
| <b>Emergency Regulation</b>      | <b>In Compliance</b> |

Signature of Provider/Representative

Title

Date