



**Andy Beshear**  
GOVERNOR

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

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**Inspection Report**

|   |  |   |
|---|--|---|
| <b>Provider Name:</b> Community Action Council-Richmond<br>Migrant Head Start                                   | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L359180                      |
| <b>Provider Address:</b> 2323 Lexington Road, Richmond, KY, 40475   |  | <b>Capacity:</b> 28                         |
| <b>Owner(s):</b> Community Action Council For Lexington-fayette, Bourbon, Harrison, And Nicholas Counties, Inc. |  | <b>Director(s):</b> Stocker, Linda Michelle |

|   |   |                              |
|---|---|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>             | <b>Inspection No:</b> 217683 |
| <b>Date Initiated:</b> 12/08/2016 10:40 AM  | <b>Date Concluded:</b> 12/08/2016 1:12 PM |                              |
|   | <b>No. of Children Present:</b> 14        |                              |

| <b>Inspection Report</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</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> |

Signature of Provider/Representative

Title

Date