



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

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**Division of Regulated Child Care**  
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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                           |                                       |                                           |
|-----------------------------------------------------------|---------------------------------------|-------------------------------------------|
| <b>Provider Name:</b> Gallatin County Head Start          | <b>Provider Information</b>           | <b>CLR No:</b> L355588                    |
| <b>Provider Address:</b> 25 Boaz Drive, Warsaw, KY, 41095 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 32                       |
| <b>Owner(s):</b> Ohio Valley Educational Cooperative      |                                       | <b>Director(s):</b> Fithian, Kimberly Ann |

|                                             |                                            |                              |
|---------------------------------------------|--------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>              | <b>Inspection No:</b> 221128 |
| <b>Date Initiated:</b> 08/30/2017 10:35 AM  | <b>Date Concluded:</b> 08/30/2017 12:00 PM |                              |
|                                             | <b>No. of Children Present:</b> 11         |                              |

| <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