Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Melissa A. Moore, Director
Division of Regulated Child Care
Western Branch
901 B South Main Street
Hopkinsville, KY 42240
Phone: (270) 889-6052 Fax: (270) 889-6089
https://chfs.ky.gov/agencies/os/oig

Eric Friedlander
SECRETARY

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Information

Provider Name: Edmonson County Head Start
Provider Type: LICENSED TYPE I
License No: L355920
Provider Address: 108 North Main Street, P O Box 342, Brownsville, KY, 42210
Capacity: 58
Owner(s): Community Action Of Southern Kentucky, Incorporated
Director(s): Brown, Carla Yvonne

Inspection Information

Inspection Type: Investigation
Inspection No: 214859
Visit Start Date: 03/31/2016 1:30 PM
Visit End Date: 03/31/2016 2:25 PM
No. of Children Present:

Inspection Report

General Administration

115 - Reports to Cabinet — **In Compliance**

922 KAR 2:110. Section 6. Reports.
(1) The following shall be reported to the cabinet or designee and other agencies specified in this section within twenty-four (24) hours from the time of discovery:
(a) Communicable disease, which shall also be reported to the local health department pursuant to KRS 214.010;
(b) An accident or injury to a child that requires medical care;
(c) An incident that results in legal action by or against the child-care center that:
1. Affects a child or staff person; or
2. Includes the center's discontinuation or disqualification from a governmental assistance program due to fraud or abuse;
(d) An incident involving fire or other emergency, including a vehicular accident when the center is transporting a child receiving child care services; or
(e) A report of child abuse or neglect that:
1. Has been accepted by the cabinet in accordance with 922 KAR 1:330; and
2. Names a director, employee, volunteer, or person with supervisory or disciplinary control over, or having unsupervised contact with a child in care as the alleged perpetrator.

Signature of Provider/Representative | Title | Date