



Andy Beshear
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Olive Hill Head Start	Provider Information	CLR No: L352263
Provider Address: 21039 W. Us Hwy 60, Olive Hill, KY, 41164	Provider Type: LICENSED TYPE I	Capacity: 80
Owner(s): Northeast Kentucky Community Action Agency, Inc.		Director(s): Hammond, Alyce Faye

Inspection Type: Investigation	Inspection Information	Inspection No: 217324
Date Initiated: 09/27/2016 2:19 PM	Date Concluded: 09/28/2016 8:30 AM	
No. of Children Present:		

Inspection Report	
General Administration	In Compliance

Signature of Provider/Representative

Title

Date