



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Eric Friedlander
SECRETARY

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Adam Mather
INSPECTOR GENERAL

Inspection Report

| | | |
|--|---------------------------------------|---|
| Provider Name: North Butler Head Start | Provider Information | CLR No: L383573 |
| Provider Address: 5539 Brownsville Rd., Morgantown, KY, 42261 | Provider Type: LICENSED TYPE I | Capacity: 20 |
| Owner(s): COMMUNITY ACTION OF SOUTHERN KENTUCKY, INCORPORATED | | Director(s): Brown, Carla Yvonne |

| | | |
|---|--|------------------------------|
| Inspection Type: Initial Application | Inspection Information | Inspection No: 217154 |
| Date Initiated: 09/16/2016 8:55 AM | Date Concluded: 09/16/2016 10:40 AM | |
| | No. of Children Present: | |

| Inspection Report | |
|-------------------------------|----------------------|
| Supervision | In Compliance |
| Staffing Requirements | Discussed |
| General Administration | In Compliance |
| Director Requirements | In Compliance |
| Employee Records | In Compliance |
| Programming | In Compliance |
| Premises | In Compliance |
| Hygienic Practices | Discussed |
| First Aid/Medication | In Compliance |
| Outdoor Play Area | In Compliance |
| Equipment | In Compliance |
| Transportation | In Compliance |
| Food Service | In Compliance |
| Children's Records | Discussed |
| Written Documentation | In Compliance |
| Posted Documentation | In Compliance |
| Animals | In Compliance |

Signature of Provider/Representative

Title

Date