



**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**

<b>Provider Name:</b> Fleming County Head Start	<b>Provider Information</b>	<b>CLR No:</b> L384009
<b>Provider Address:</b> 245 W Water Street, Flemingsburg, KY, 41041	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 68
<b>Owner(s):</b> Gateway Community Action Agency		<b>Director(s):</b> Roe, Martina

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 319456
<b>Date Initiated:</b> 08/16/2022 10:10 AM	<b>Date Concluded:</b> 08/16/2022 12:20 PM	
	<b>No. of Children Present:</b> 50	

Inspection Report	
<b>Background Checks</b>	<b>In Compliance</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>Not In Compliance</b>
<b>695 - Toilet</b>	<b>Not In Compliance</b>
<b>922 KAR 2:120. Section 12. Toilet, Diapering, and Toiletry Requirements.</b> <b>(4) Each toilet shall:</b> <b>(a) Be kept in clean condition;</b> <b>(b) Be kept in good repair;</b> <b>(c) Be in a lighted room; and</b> <b>(d) Have ventilation to outside air.</b>	
<b>Findings:</b>	
General: Based on observation, the following was found:	
1.) The toilet was not flushed after use in the children's bathroom within the Extended Day room.	
2.) The toilet was not flushed after use and urine was splatter on the toilet seat in the children's bathroom within the Part Day 1 room.	
<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>Kitchen Requirements</b>	<b>In Compliance</b>
<b>Food Service</b>	<b>In Compliance</b>

**Inspection Report**

<b>Meal Planning/Center Provides Meals</b>	<b>In Compliance</b>
<b>Meal Planning/Center Does Not Provide Meals</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>Not Applicable</b>

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Signature of Provider/Representative

Title

Date