



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Garrison Head Start	Provider Information	CLR No: L384017
Provider Address: 122 Stratton Lane, Garrison, KY, 41141	Provider Type: LICENSED TYPE I	Capacity: 40
Owner(s): Gateway Community Action Agency		Director(s): Roe, Martina

Inspection Type: Initial Application	Inspection Information	Inspection No: 291550
Date Initiated: 10/04/2019 11:45 AM	Date Concluded: 10/04/2019 1:00 PM	
	No. of Children Present:	

Inspection Report		
Background Checks		In Compliance
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/Food Program		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