



**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> Pineville Bell-Whitley Early Head Start<br>Head Start/ Preschool | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L357235                |
| <b>Provider Address:</b> 535 Bill Adams Drive, Pineville, KY, 40977                    |                                                                      | <b>Capacity:</b> 19                   |
| <b>Owner(s):</b> Bell-Whitley Community Action Agency, Inc.                            |                                                                      | <b>Director(s):</b> Hensley, Darcye J |

|                                             |                                            |                              |
|---------------------------------------------|--------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>              | <b>Inspection No:</b> 289425 |
| <b>Date Initiated:</b> 08/22/2019 12:00 PM  | <b>Date Concluded:</b> 08/22/2019 12:50 PM |                              |
|                                             | <b>No. of Children Present:</b> 8          |                              |

| Inspection Report         |  |                |
|---------------------------|--|----------------|
| Background Checks         |  | In Compliance  |
| Supervision               |  | In Compliance  |
| Staffing Requirements     |  | In Compliance  |
| General Administration    |  | In Compliance  |
| Director Requirements     |  | In Compliance  |
| Employee Records          |  | In Compliance  |
| Programming               |  | In Compliance  |
| Premises                  |  | In Compliance  |
| Hygienic Practices        |  | In Compliance  |
| First Aid/Medication      |  | In Compliance  |
| Outdoor Play Area         |  | In Compliance  |
| Equipment                 |  | In Compliance  |
| Transportation            |  | Not Applicable |
| Food Service/Food Program |  | In Compliance  |
| Food Service              |  | In Compliance  |
| Children's Records        |  | In Compliance  |
| Written Documentation     |  | In Compliance  |
| Posted Documentation      |  | In Compliance  |
| Animals                   |  | In Compliance  |

Signature of Provider/Representative

Title

Date