



Andy Beshear
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL**

Melissa A. Moore, Director
Division of Regulated Child Care
Southern Branch
116 Commerce Ave
London, KY 40744
Phone: (606) 330-2030 Fax: (606) 330-2056
<https://chfs.ky.gov/agencies/os/oig>

Eric Friedlander
SECRETARY

Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Wolfe County Head Start Center	Provider Information	License No: L352995
Provider Address: 228 Community Park Road, Campton, KY, 41301	Provider Type: LICENSED TYPE I	Capacity: 125
Owner(s): MIDDLE KENTUCKY COMMUNITY ACTION PARTNERSHIP, INCORPORATED		Director(s): Caudill, Tammy

Inspection Type: Investigation	Inspection Information	Inspection No: 20084
Visit Start Date: 05/03/2013 3:15 PM	Visit End Date: 05/06/2013 10:15 AM	
	No. of Children Present: 71	

Inspection Report

General Administration

115 - Reports to Cabinet

In Compliance

922 KAR 2:110. Reports.

(1) The following shall be reported to the cabinet or designee and other agencies specified in this section within twenty-four (24) hours from the time of discovery:

- (a) Communicable disease, which shall also be reported to the local health department pursuant to KRS 214.010;
- (b) An accident or injury to a child that requires medical care;
- (c) An incident that results in legal action by or against the child-care center that affects a child or staff person;
- (d) An incident involving fire or other emergency; or
- (e) A report of child abuse or neglect that:

1. Has been accepted by the cabinet in accordance with 922 KAR 1:330; and

2. Names a director, employee, volunteer, or person with supervisory or disciplinary control over, or having unsupervised contact with a child in care as the alleged perpetrator.

Director Requirements

265 - Health, Safety, Comfort

In Compliance

922 KAR 2:110. Section 4. Director Requirements and Responsibilities.

(1) Effective with the adoption of this administrative regulation, a director shall:

- (l) Provide for the health, safety, and comfort of each child;

Signature of
Provider/Representative

Title

Date