



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Stinnett Head Start	Provider Information	CLR No: L357521
Provider Address: 12975 Hwy 421, Stinnett, KY, 40868	Provider Type: LICENSED TYPE I	Capacity: 40
Owner(s): Leslie, Knott, Letcher, Perry Counties Head Start Program, Incorporated		Director(s): Sexton, Hazel Renee

Inspection Type: Renewal Application	Inspection Information	Inspection No: 216516
Date Initiated: 09/13/2016 9:40 AM	Date Concluded: 09/14/2016 4:00 PM	
	No. of Children Present: 27	

Inspection Report	
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	In Compliance
Director Requirements	In Compliance
Employee Records	Not In Compliance
320 - TB Verification	Not In Compliance
922 KAR 2:110. Section 5. Staff Requirements. (1) Child-care center staff: (b) Shall provide, prior to employment and every two (2) years thereafter: 1. A statement from a health professional that the individual is free of active tuberculosis; or 2. A copy of negative tuberculin results.	
Findings:	
General: Based on review of documentation, it was found that a staff's (DOH: 08/18/11) file contained a copy of a negative tuberculin results dated 07/31/14; therefore, the result was no longer compliant with regulatory requirements.	
Programming	In Compliance
Premises	In Compliance
Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	In Compliance
Transportation	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