



**Andy Beshear**  
GOVERNOR

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

**Melissa A. Moore, Director**  
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**Eric Friedlander**  
SECRETARY

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                                                        |                                       |                                           |
|----------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| <b>Provider Information</b>                                                            |                                       |                                           |
| <b>Provider Name:</b> Shelby County Early Head Start and Full Day Full Year Head Start | <b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L357736                    |
| <b>Provider Address:</b> 821 College Street, Shelbyville, KY, 40065                    |                                       | <b>Capacity:</b> 60                       |
| <b>Owner(s):</b> Ohio Valley Educational Cooperative                                   |                                       | <b>Director(s):</b> Fithian, Kimberly Ann |

|                                           |                                            |                              |
|-------------------------------------------|--------------------------------------------|------------------------------|
| <b>Inspection Information</b>             |                                            |                              |
| <b>Inspection Type:</b> Investigation     | <b>Date Concluded:</b> 02/17/2017 11:05 AM | <b>Inspection No:</b> 218578 |
| <b>Date Initiated:</b> 02/15/2017 1:26 PM | <b>No. of Children Present:</b> 32         |                              |

|                              |  |                      |
|------------------------------|--|----------------------|
| <b>Inspection Report</b>     |  |                      |
| <b>Director Requirements</b> |  | <b>In Compliance</b> |

Signature of Provider/Representative

Title

Date