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GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF INSPECTOR GENERAL

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INSPECTOR GENERAL

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**Inspection Report**

<b>Provider Name:</b> Lee County Head Start	<b>Provider Information</b>	<b>License No:</b> L353134
<b>Provider Address:</b> 49 Bull Mountain Road, Beattyville, KY, 41311	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 99
<b>Owner(s):</b> Middle Kentucky Community Action Partnership, Incorporated		<b>Director(s):</b> Caudill, Tammy

<b>Inspection Type:</b> Investigation	<b>Inspection Information</b>	<b>Inspection No:</b> 170462
<b>Visit Start Date:</b> 05/12/2015 12:00 PM	<b>Visit End Date:</b> 05/12/2015 12:30 PM	
	<b>No. of Children Present:</b> 65	

**Inspection Report**

**General Administration**

**115 - Reports to Cabinet**

**In Compliance**

**922 KAR 2:110. Section 6. 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:**
  - 1. Affects a child or staff person; or**
  - 2. Includes the center's discontinuation or disqualification from a governmental assistance program due to fraud or abuse;**
- (d) An incident involving fire or other emergency, including a vehicular accident when the center is transporting a child receiving child care services; 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.**

Signature of  
Provider/Representative

Title

Date

