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GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Simpson County Head Start	Provider Information	License No: L353506
Provider Address: 211 South Main Street, Franklin, KY, 42134	Provider Type: LICENSED TYPE I	Capacity: 40
Owner(s): Community Action of Southern Kentucky, Inc,		Director(s): Haddix, Tracy

Inspection Type: Investigation	Inspection Information	Inspection No: 9750
Visit Start Date: 05/07/2012 12:20 PM	Visit End Date: 05/07/2012 1:45 PM	
No. of Children Present: 26		

Inspection Report

Supervision

167 - Children supervised/Protected

922 KAR 2:120 - Section 2 (3)

(a) Each center shall maintain a child care program that assures each child will be:

1. Provided adequate supervision at all times; and
2. Protected from abuse or neglect.

1) Adequately supervised at all times

In Compliance

Staffing Requirements

162 - Ratios and Group Size

In Compliance

922 KAR 2:120 - Section 2

(2) Minimum staff-to-child ratios and group size for an operating child-care center shall be maintained as follows:

Age of Children Ratio Maximum

Group

Size*

Infant 1 staff for 5 children 10

Toddler 1 staff for 6 children 12

2 to 3 years 1 staff for 10 children 20

3 to 4 years 1 staff for 12 children 24

4 to 5 years 1 staff for 14 children 28

5 to 7 years 1 staff for 15 children 30

7 and older 1 staff for 25 children

(for before and after school) 30

1 staff for 20 children

(full day of care) 30

*Maximum Group Size shall be applicable only to Type I centers.

Director Requirements

113 - Staff Supervision

922 KAR 2:110 - Section 4 (1)

(g) Supervise staff conduct to ensure implementation of program policies and procedures;

1) Implementation of Policy

In Compliance



Inspection Report

2) Implementation of Procedure

In Compliance

118 - Health, Safety, Comfort

In Compliance

922 KAR 2:110 - Section 4 (1)

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

119 - Parent Notification

In Compliance

922 KAR 2:110 - Section 4 (1)

(m) Notify the parent immediately of an accident or incident requiring medical treatment of a child;

Signature of
Provider/Representative

Title

Date