



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

**Melissa A. Moore, Director**  
**Division of Regulated Child Care**  
Western Branch  
901 B South Main Street  
Hopkinsville, KY 42240

**Adam Mather**  
INSPECTOR GENERAL

Phone: (270) 889-6052 Fax: (270) 889-6089  
<https://chfs.ky.gov/agencies/os/oig>

**Inspection Report**

<b>Provider Name:</b> Butler County Head Start	<b>Provider Information</b>	<b>License No:</b> L353854
<b>Provider Address:</b> 104 North Warren Street, Morgantown, KY, 42261	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 34
<b>Owner(s):</b> Community Action Of Southern Kentucky, Incorporated		<b>Director(s):</b> Haddix, Tracy

<b>Inspection Type:</b> Investigation	<b>Inspection Information</b>	<b>Inspection No:</b> 19698
<b>Visit Start Date:</b> 05/07/2013 11:58 AM	<b>Visit End Date:</b> 05/07/2013 12:52 PM	
	<b>No. of Children Present:</b> 0	

**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.

Signature of  
Provider/Representative

Title

Date

