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GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES**  
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**Inspection Report**

<b>Provider Name:</b> Mayking Head Start	<b>Provider Information</b>	<b>CLR No:</b> L350589
<b>Provider Address:</b> 15 Highway 3410, Mayking, KY, 41837	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 57
<b>Owner(s):</b> Leslie, Knott, Letcher, Perry Counties Head Start Program, Incorporated		<b>Director(s):</b> Sexton, Hazel Renee

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 243363
<b>Date Initiated:</b> 05/02/2018 10:39 AM	<b>Date Concluded:</b> 05/02/2018 12:53 PM	
	<b>No. of Children Present:</b> 24	

<b>Inspection Report</b>	
<b>Background Checks</b>	<b>In Compliance</b>
<b>Supervision</b>	<b>In Compliance</b>
<b>Staffing Requirements</b>	<b>In Compliance</b>
<b>General Administration</b>	<b>In Compliance</b>
<b>Director Requirements</b>	<b>In Compliance</b>
<b>Employee Records</b>	<b>In Compliance</b>
<b>Programming</b>	<b>In Compliance</b>
<b>Premises</b>	<b>In Compliance</b>
<b>Hygienic Practices</b>	<b>In Compliance</b>
<b>First Aid/Medication</b>	<b>In Compliance</b>
<b>Outdoor Play Area</b>	<b>In Compliance</b>
<b>Equipment</b>	<b>In Compliance</b>
<b>Transportation</b>	<b>In Compliance</b>
<b>Food Service/Food Program</b>	<b>In Compliance</b>
<b>Food Service</b>	<b>In Compliance</b>
<b>Children's Records</b>	<b>In Compliance</b>
<b>Written Documentation</b>	<b>In Compliance</b>
<b>Posted Documentation</b>	<b>In Compliance</b>
<b>Animals</b>	<b>In Compliance</b>

Signature of Provider/Representative

Title

Date