



Andy Beshear
GOVERNOR

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

Eric Friedlander
SECRETARY

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Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Cowan Head Start	Provider Information	CLR No: L354338
Provider Address: 81 Sturgill Branch, Whitesburg, KY, 41858	Provider Type: LICENSED TYPE I	Capacity: 29
Owner(s): Leslie, Knott, Letcher, Pery Counties Head Start Program, Incorporated		Director(s): Sexton, Hazel Renee

Inspection Type: Renewal Application	Inspection Information	Inspection No: 305042
Date Initiated: 04/01/2021 10:52 AM	Date Concluded: 04/01/2021 12:35 PM	
	No. of Children Present:	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
Staffing Requirements	In Compliance
General Administration	Not In Compliance
145 - Fire Marshal	Not In Compliance

922 KAR 2:090. Section 6. License Issuance.

- (8) To qualify for a preliminary license, or maintain a regular license, a child-care center shall:
(b) Be approved by the Office of the State Fire Marshal or designee;

Findings:

General: Based on interview, staff advised the surveyor that they could not locate the current Fire Marshal Report. Staff stated that they had contacted the Fire Marshal and he was out of the office and unable to forward the report to them during the surveyor's visit. Staff advised the surveyor that they would email the report upon receipt from the Fire Marshal. Therefore the child-care center failed to provide documentation that they are in compliance and approved by the Office of the State Fire Marshal or designee.

Director Requirements	In Compliance
Employee Records	In Compliance
Programming	In Compliance
Premises	In Compliance
Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	In Compliance
Transportation	In Compliance
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	In Compliance
Written Documentation	In Compliance
Posted Documentation	In Compliance
Animals	In Compliance

Signature of Provider/Representative

Title

Date