



Andy Beshear
GOVERNOR

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

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SECRETARY

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INSPECTOR GENERAL

Inspection Report

Provider Name: Flatwoods Head Start	Provider Information	License No: L355058
Provider Address: 1179 Richard Drive, Raceland, KY, 41139	Provider Type: LICENSED TYPE I	Capacity: 120
Owner(s): Northeast Kentucky Community Action Agency, Inc.		Director(s): Hammond, Alyce Faye

Inspection Type: Investigation	Inspection Information	Inspection No: 202907
Visit Start Date: 10/27/2015 1:00 PM	Visit End Date: 10/27/2015 1:30 PM	
	No. of Children Present:	

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.

Director Requirements

265 - Health, Safety, Comfort

In Compliance

922 KAR 2:110. Section 4. Director Requirements and Responsibilities.

- (1) Effective with the adoption of this administrative regulation, a director shall:
- (l) Provide for the health, safety, and comfort of each child;

Signature of
Provider/Representative

Title

Date