



**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> A Place to Grow Learning Center	<b>Provider Information</b>	<b>CLR No:</b> L383171
<b>Provider Address:</b> 621 Millbrooke Drive, Hopkinsville, KY, 42240	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 78
<b>Owner(s):</b> A Little Miracle Child Development Center, Inc		<b>Director(s):</b> Hampton, Paula Denise

<b>Inspection Type:</b> Investigation	<b>Inspection Information</b>	<b>Inspection No:</b> 290456
<b>Date Initiated:</b> 07/11/2019 12:20 PM	<b>Date Concluded:</b> 07/30/2019 3:16 PM	
	<b>No. of Children Present:</b> 43	

Inspection Report	
<b>Background Checks</b>	<b>In Compliance</b>
<b>Supervision</b>	<b>In Compliance</b>
<b>Staffing Requirements</b>	<b>In Compliance</b>
<b>Employee Records</b>	<b>In Compliance</b>
<b>Equipment</b>	<b>In Compliance</b>
<b>Children's Records</b>	<b>Not In Compliance</b>

**1140 - Enrollment Information** **Not In Compliance**

**922 KAR 2:090. Section 9. Records.**

**(1) A child-care center shall maintain:**

**(b) A written record for each child:**

- 1. Completed and signed by the child's parent;**
- 2. Retained on file on the first day the child attends the child-care center; and**
- 3. To contain:**
  - a. Identifying information about the child, which includes, at a minimum, the child's name, address, and date of birth;**
  - b. Contact information to enable a person in charge to contact the child's:**
    - (i) Parent at the parent's home or place of employment;**
    - (ii) Family physician; and**
    - (iii) Preferred hospital;**
  - c. The name of each person who is designated in writing to pick-up the child;**
  - d. The child's general health status and medical history including, if applicable:**
    - (i) Allergies;**
    - (ii) Restriction on the child's participation in activities with specific instructions from the child's parent or health professional; and**
    - (iii) Permission from the parent for third-party professional services in the child-care center;**
  - e. The name and phone number of each person to be contacted in an emergency involving or impacting the child;**
  - f. Authorization by the parent for the child-care center to seek emergency medical care for the child in the parent's absence;**

**Findings:**

General: Based on review of documentation, a child, first date of attendance on 02/28/18, did not have the name and phone number of each person to be contacted in an emergency situation involving or impacting the child and did not have authorization by the parent for the provider to seek emergency medical care for the child in the parent's absence.

---

Signature of Provider/Representative

Title

Date