Printed Date: 12/01/2022 KID013 v1.0



Andy Beshear GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES OFFICE OF INSPECTOR GENERAL

Melissa A. Moore, Director **Division of Regulated Child Care** Western Branch

901 B South Main Street Hopkinsville, KY 42240 Phone: (270) 889-6052 Fax: (270) 889-6089

https://chfs.ky.gov/agencies/os/oig

Eric Friedlander SECRETARY

Adam Mather INSPECTOR GENERAL

Inspection Report

Provider Information

Provider Type: LICENSED TYPE I

Capacity: 380

License No: 1355543

Director(s): Lightfoot, Erin Elizabeth

Inspection No: 203146

Owner(s): Community Education Foundation, Inc

Provider Address: 450 Modern Way, Bowling Green, KY, 42101

Inspection Information

Inspection Type: Investigation

Provider Name: Lost River After-School Program

Visit Start Date: 10/30/2015 2:00 PM

Visit End Date: 10/30/2015 4:30 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
 - (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.



Title

Signature of Provider/Representative

Web site: http://chfs.ky.gov/

Date

Cabinet For Health and Family Services