



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
Southern Branch
116 Commerce Ave
London, KY 40744

Adam Mather
INSPECTOR GENERAL

Phone: (606) 330-2030 Fax: (606) 330-2056
<https://chfs.ky.gov/agencies/os/oig>

Inspection Report

Provider Name: Adventure Learning Center Child Care	Provider Information	License No: L383352
Provider Address: 44 Hillside Center Drive, Prestonsburg, KY, 41653	Provider Type: LICENSED TYPE I	Capacity: 49
Owner(s): Adventure Learning Center Child Care, LLC		Director(s): Cobern, Rebecca S.

Inspection Type: Investigation	Inspection Information	Inspection No: 216271
Visit Start Date: 09/01/2016 2:09 PM	Visit End Date: 09/01/2016 2:56 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.

Signature of
Provider/Representative

Title

Date

