



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
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Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Brownsville Child Care/Little Treasures #2 Head Start	Provider Information Provider Type: LICENSED TYPE I	License No: L355920
Provider Address: 108 North Main Street, P O Box 342, Brownsville, KY, 42210		Capacity: 58
Owner(s): Community Action Of Southern Kentucky, Incorporated		Director(s): Haddix, Tracy P.

Inspection Type: Investigation	Inspection Information	Inspection No: 127505
Visit Start Date: 09/16/2014 10:00 AM	Visit End Date: 09/16/2014 12:30 PM	
No. of Children Present:		

Inspection Report	
General Administration	
115 - Reports to Cabinet	In Compliance
<p>922 KAR 2:110. Section 6. Reports.</p> <p>(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:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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