Printed Date: 12/02/2022 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** 

License No: 1353709

Capacity: 120

Director(s): Lightfoot, Erin Elizabeth

Inspection No: 215243

## Inspection Report

**Provider Information** 

Provider Name: Cumberland Trace After-School Provider Type: LICENSED TYPE I

Program

Provider Address: 830 Cumberland Trace Road, Bowling Green, KY, 42104

Owner(s): Bowling Green - Warren County Community Education

Inspection Type: Investigation

Visit Start Date: 04/25/2016 2:00 PM

Visit End Date: 04/25/2016 4:00 PM

No. of Children Present: 44

# **Inspection Information**

### **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.



Title

Signature of Provider/Representative

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Date