



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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SECRETARY

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Inspection Report

Provider Name: Joy-Land Day Care	Provider Information	License No: L358475
Provider Address: 5405 N. Ky 11, Girdler, KY, 40943	Provider Type: LICENSED TYPE I	Capacity: 48
Owner(s): Joy Land Day Care Inc.		Director(s): Messer, Linda J

Inspection Type: Investigation	Inspection Information	Inspection No: 190973
Visit Start Date: 06/01/2015 12:30 PM	Visit End Date: 06/17/2015 5:45 PM	
	No. of Children Present: 15	

Inspection Report

General Administration

115 - Reports to Cabinet

Not 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.**

Findings:

General: Based on interview, the surveyor learned child care center staff were made aware of an allegation of child abuse on 05/28/15; however, reported the incident on 06/01/15. The allegation had not been reported within twenty-four (24) hours from the time of discovery.

Signature of
Provider/Representative

Title

Date

