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 Name: First Baptist Church Mother's Day Out Provider Type: LICENSED TYPE I

& Preschool

Inspection Type: Investigation

Provider Address: 203 South Fourth Street, Murray, KY, 42071

Owner(s): FIRST BAPTIST CHURCH OF MURRAY, KENTUCKY, INC.

License No: L354618

Capacity: 73

Director(s): Johnson, Jennifer Anne

Inspection No: 138663

Inspection Information

Visit Start Date: 12/05/2014 8:30 AM Visit End Date: 12/05/2014 9:00 AM

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.



Title

Signature of Provider/Representative Date