



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
901 B South Main Street
Hopkinsville, KY 42240

Adam Mather
INSPECTOR GENERAL

Phone: (270) 889-6052 Fax: (270) 889-6089
<https://chfs.ky.gov/agencies/os/oig>

Inspection Report

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|---|--|--|
| Provider Name: First Baptist Church Mother's Day Out & Preschool | Provider Information Provider Type: LICENSED TYPE I | License No: L354618 |
| Provider Address: 203 South Fourth Street, Murray, KY, 42071 | | Capacity: 73 |
| Owner(s): FIRST BAPTIST CHURCH OF MURRAY, KENTUCKY, INC. | | Director(s): Johnson, Jennifer Anne |

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|--|--|------------------------------|
| Inspection Type: Investigation | Inspection Information | Inspection No: 149630 |
| Visit Start Date: 03/12/2015 10:00 AM | Visit End Date: 03/12/2015 12:00 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

