



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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<https://chfs.ky.gov/agencies/os/oig>

Adam Mather
INSPECTOR GENERAL

Inspection Report

| | | |
|---|---------------------------------------|---|
| Provider Name: Horse Cave's Lets Go Play Academy | Provider Information | License No: L381729 |
| Provider Address: 320 Dixie Highway, Horse Cave, KY, 42749 | Provider Type: LICENSED TYPE I | Capacity: 49 |
| Owner(s): Morris, Mary Lynn & Morris, Ramsey | | Director(s): Anderson, Melissa Kay |

| | | |
|---|--|------------------------------|
| Inspection Type: Investigation | Inspection Information | Inspection No: 191148 |
| Visit Start Date: 06/18/2015 9:00 AM | Visit End Date: 06/18/2015 12:30 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

