



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: Barren County YMCA Child Care	Provider Information	CLR No: L356582
Provider Address: 1 Ymca Way, Glasgow, KY, 42141	Provider Type: LICENSED TYPE I	Capacity: 140
Owner(s): BARREN COUNTY FAMILY YMCA, INC.		Director(s): Roach, Melissa Annette

Inspection Type: Investigation	Inspection Information	Inspection No: 216708
Date Initiated: 08/12/2016 3:55 PM	Date Concluded: 08/12/2016 3:56 PM	
	No. of Children Present: 21	

Inspection Report	
General Administration	Not In Compliance
115 - Reports to Cabinet	Not In Compliance
<p>922 KAR 2:110. Section 6. Reports.</p> <p>(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:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. <p>Findings:</p> <p>General: Based on a review of documentation and interview, the center failed to notify the cabinet within twenty-four (24) hours after a child received an injury. Source stated a child received a laceration across her forehead which required medical treatment on 08/08/16. The cabinet was not notified until 08/10/16.</p>	

Signature of Provider/Representative

Title

Date