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**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 Type: LICENSED TYPE I

Provider Address: 25 Jl Turner And Son Place, Scottsville, KY, 42164

Owner(s): Community Action Of Southern Kentucky, Incorporated

License No: L352764

Capacity: 60

Director(s): Brown, Carla Yvonne

**Inspection Information** 

Inspection Type: Investigation

Provider Name: Allen County Head Start

Visit Start Date: 11/11/2015 9:59 AM

Visit End Date: 11/11/2015 1:00 PM

No. of Children Present:

Inspection No: 213290

## **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