



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

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

<b>Provider Name:</b> Weekday Ministries Program	<b>Provider Information</b>	<b>CLR No:</b> L353532
<b>Provider Address:</b> 1400 South Main Street, Hopkinsville, KY, 42240	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 138
<b>Owner(s):</b> Board Of Trustees Of The First Baptist Church Of Hopkinsville, Kentucky		<b>Director(s):</b> Oliver, Martha Gail

<b>Inspection Type:</b> Investigation	<b>Inspection Information</b>	<b>Inspection No:</b> 289178
<b>Date Initiated:</b> 04/11/2019 2:05 PM	<b>Date Concluded:</b> 04/11/2019 3:05 PM	
	<b>No. of Children Present:</b> 84	

Inspection Report	
Supervision	In Compliance
General Administration	Not In Compliance
205 - Reports to Cabinet	Not In Compliance
<p><b>922 KAR 2:090. Section 12. Reports.</b></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> <p>(a) Communicable disease, which shall also be reported to the local health department pursuant to KRS 214.010;</p> <p>(b) An accident or injury to a child that requires medical care initiated by the child-care center or the child's parent;</p> <p>(c) An incident that results in legal action by or against the child-care center that:</p> <p>1. Affects a child or staff person; or</p> <p>2. Includes the center's discontinuation or disqualification from a governmental assistance program due to fraud, abuse, or criminal conviction related to that program;</p> <p>(d) An incident involving fire or other emergency, including a vehicular accident when the center is transporting a child receiving child care services;</p> <p>(e) A report of child abuse or neglect that:</p> <p>1. Has been accepted by the cabinet in accordance with 922 KAR 1:330; and</p> <p>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; or</p> <p>(f) An individual specified in Section 6(4) of this administrative regulation meeting a disqualifying criterion or background check result pursuant to 922 KAR 2:280.</p> <p><b>Findings:</b></p> <p>General: Based on interview, a three-year-old child was shoved by another child which caused the child to fall backwards and hit his head on 3/21/19. The child received a cut to the back of his head which bled heavily. The child received medical care on 3/21/19, and informed staff at the center. However, the center failed to report the incident to the cabinet within twenty-four hours of discovery.</p>	
Director Requirements	In Compliance

Signature of Provider/Representative

Title

Date