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Andy BeshearGOVERNOR

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: 309 West Cherry Street, Scottsville, KY, 42164

Owner(s): YMCA OF SCOTTSVILLE AND ALLEN COUNTY, INC.

License No: L358229

Capacity: 140

Director(s): Gardner, Rebekah

Inspection No: 106478

Broughton

Inspection Information

Inspection Type: Investigation

Provider Name: The Core

Visit Start Date: 07/08/2014 9:00 AM

Visit End Date: 07/08/2014 11:36 AM

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