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 Name: The Core
 Provider Type: LICENSED TYPE I
 License No: L358229

 Provider Address: 309 West Cherry Street, Scottsville, KY, 42164
 Capacity: 140

 Owner(s): YOUNG MEN'S CHRISTIAN ASSOCIATION OF SCOTTSVILLE AND ALLEN COUNTY, INC.
 Director(s): Gardner, Rebekah Broughton

 Inspection Type: Investigation
 Inspection Information

 Visit Start Date: 10/07/2014 9:17 AM
 Visit End Date: 10/07/2014 11:00 AM

 No. of Children Present:
 Inspection Type: Investigation

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.





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