



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

Adam Mather
INSPECTOR GENERAL

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

Inspection Report

Provider Name: Little Scholars Child Care	Provider Information	License No: L358914
Provider Address: 701 Brownslock Road, Bowling Green, KY, 42102	Provider Type: LICENSED TYPE I	Capacity: 100
Owner(s): Community Action Of Southern Kentucky, Incorporated		Director(s): Brown, Carla Yvonne

Inspection Type: Investigation	Inspection Information	Inspection No: 213941
Visit Start Date: 01/15/2016 8:30 AM	Visit End Date: 01/15/2016 1:00 PM	
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

