



**Andy Beshear**  
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES**  
**OFFICE OF INSPECTOR GENERAL**

**Eric Friedlander**  
SECRETARY

**Melissa A. Moore, Director**  
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Western Branch  
901 B South Main Street  
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**Adam Mather**  
INSPECTOR GENERAL

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

**Inspection Report**

<b>Provider Name:</b> Providence Alpha Academy	<b>Provider Information</b>	<b>License No:</b> L383459
<b>Provider Address:</b> 470 S. Broadway, Providence, KY, 42450	<b>Provider Type:</b> LICENSED TYPE I	<b>Capacity:</b> 16
<b>Owner(s):</b> Webster County Schools		<b>Director(s):</b> Baker, Pam

<b>Inspection Type:</b> Investigation	<b>Inspection Information</b>	<b>Inspection No:</b> 216184
<b>Visit Start Date:</b> 07/18/2016 9:00 AM	<b>Visit End Date:</b> 07/18/2016 1:00 PM	
<b>No. of Children Present:</b>		

**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

