



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

Provider Name: The Children's Academy of Hopkinsville	Provider Information Provider Type: LICENSED TYPE I	License No: L356909
Provider Address: 120 Iroquois Drive, Hopkinsville, KY, 42240		Capacity: 120
Owner(s): THE CHILDREN'S ACADEMY OF HOPKINSVILLE, INC.		Director(s): Donica, Jerilyn Shea

Inspection Type: Investigation	Inspection Information	Inspection No: 138457
Visit Start Date: 11/25/2014 8:30 AM	Visit End Date: 11/25/2014 11:00 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