



**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**

|                                                                         |  |                                       |                                          |
|-------------------------------------------------------------------------|--|---------------------------------------|------------------------------------------|
| <b>Provider Name:</b> Christ the King Learning & Growth Center          |  | <b>Provider Information</b>           | <b>CLR No:</b> L353552                   |
| <b>Provider Address:</b> 1580 Kingsway Drive, Madisonville, KY, 42431   |  | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 49                      |
| <b>Owner(s):</b> Christ The King Parish Of Madisonville, Kentucky, Inc. |  |                                       | <b>Director(s):</b> LaMure, Cynthia Dean |

|                                           |  |                                           |                              |
|-------------------------------------------|--|-------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Investigation     |  | <b>Inspection Information</b>             | <b>Inspection No:</b> 241935 |
| <b>Date Initiated:</b> 09/11/2017 1:00 PM |  | <b>Date Concluded:</b> 09/11/2017 3:00 PM |                              |
| <b>No. of Children Present:</b>           |  |                                           |                              |

|                               |                      |
|-------------------------------|----------------------|
| <b>Inspection Report</b>      |                      |
| <b>General Administration</b> | <b>In Compliance</b> |

Signature of Provider/Representative

Title

Date