



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 Name: Kids' Company	Provider Information	License No: L355039
Provider Address: 111 Broach Avenue, Murray, KY, 42071	Provider Type: LICENSED TYPE I	Capacity: 225
Owner(s): Murray Independent School District		Director(s): Metz, Linda Catherine

Inspection Type: Investigation	Inspection Information	Inspection No: 213603
Visit Start Date: 12/14/2015 11:20 AM	Visit End Date: 12/14/2015 2:30 PM	
	No. of Children Present:	

Inspection Report	
General Administration	
115 - Reports to Cabinet	In Compliance
<p>922 KAR 2:110. Section 6. Reports.</p> <p>(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:</p> <p>(a) Communicable disease, which shall also be reported to the local health department pursuant to KRS 214.010;</p> <p>(b) An accident or injury to a child that requires medical care;</p> <p>(c) An incident that results in legal action by or against the child-care center that:</p> <p>1. Affects a child or staff person; or</p> <p>2. Includes the center's discontinuation or disqualification from a governmental assistance program due to fraud or abuse;</p> <p>(d) An incident involving fire or other emergency, including a vehicular accident when the center is transporting a child receiving child care services; or</p> <p>(e) A report of child abuse or neglect that:</p> <p>1. Has been accepted by the cabinet in accordance with 922 KAR 1:330; and</p> <p>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.</p>	

Signature of
Provider/Representative

Title

Date