



**Andy Beshear**  
GOVERNOR

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

**Eric Friedlander**  
SECRETARY

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**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

<b>Provider Name:</b> Katerpillar Korner	<b>Provider Information</b>	<b>CLR No:</b> L383667
<b>Provider Address:</b> 7456 Greensburg Road, Mount Sherman, KY, 42764	<b>Provider Type:</b> LICENSED TYPE II	<b>Capacity:</b> 12(Bldg 1: 21)
<b>Owner(s):</b> Scott, Ann Michelle		<b>Director(s):</b> Scott, Ann Michelle

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 246736
<b>Date Initiated:</b> 10/05/2018 11:01 AM	<b>Date Concluded:</b> 10/05/2018 12:53 PM	
	<b>No. of Children Present:</b> 8	

Inspection Report		
<b>Background Checks</b>		<b>In Compliance</b>
<b>Supervision</b>		<b>In Compliance</b>
<b>Staffing Requirements</b>		<b>In Compliance</b>
<b>General Administration</b>		<b>In Compliance</b>
<b>Director Requirements</b>		<b>In Compliance</b>
<b>Employee Records</b>		<b>Not In Compliance</b>
<b>395 - TB Verification</b>		<b>Not In Compliance</b>

**922 KAR 2:090. Section 11. Staff Requirements.**

**(1) Child-care center staff:**

**(b) Shall provide, prior to employment and every two (2) years thereafter:**

- 1. A statement from a health professional that the individual is free of active tuberculosis; or**
- 2. A copy of negative tuberculin results.**

**Findings:**

General: Based on review of documentation, the child care center failed to maintain employee records in accordance with regulatory requirements. Upon request, the provider did not provide a current TB assessment with a negative result nor a physician's statement for staff member with the hire date 6/5/17. Documentation presented had a read date of 10/5/16.

<b>Programming</b>	<b>In Compliance</b>
<b>Premises</b>	<b>In Compliance</b>
<b>Hygienic Practices</b>	<b>In Compliance</b>
<b>First Aid/Medication</b>	<b>In Compliance</b>
<b>Outdoor Play Area</b>	<b>In Compliance</b>
<b>Equipment</b>	<b>In Compliance</b>
<b>Transportation</b>	<b>Not Applicable</b>
<b>Food Service/Food Program</b>	<b>In Compliance</b>
<b>Food Service</b>	<b>In Compliance</b>
<b>Children's Records</b>	<b>In Compliance</b>
<b>Written Documentation</b>	<b>In Compliance</b>
<b>Posted Documentation</b>	<b>In Compliance</b>

Signature of Provider/Representative

Title

Date