



Andy Beshear
GOVERNOR

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

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INSPECTOR GENERAL

Inspection Report

Provider Name: Osborne, Janet Lee	Provider Information	CLR No: C3329
Provider Address: 409 7th Street, Corbin, KY, 40701	Provider Type: CERTIFIED	Capacity: 6

Inspection Type: Annual Inspection	Inspection Information	Inspection No: 291841
Date Initiated: 11/27/2019 11:45 AM	Date Concluded: 11/27/2019 1:00 PM	
No. of Children Enrolled: 6	No. of Children Present: 6	

Inspection Report	
Background Checks	In Compliance
Supervision	In Compliance
General Administration	In Compliance
Provider Requirements	In Compliance
Provider Records	Not In Compliance
250 - Adult in home/Assistant TB	Not In Compliance
922 KAR 2:100 - Section 2. Certification Process. (5) An adult living in the home of the applicant, present during the hours of operation, or having unsupervised contact with a child in care, and the applicant's assistant shall: (b) Submit a copy of negative tuberculin results or a health professional's statement documenting that the adult is free of active tuberculosis.	
Findings: General: Based on review of documentation presented, the surveyor found the following: 1. A staff's (DOH: 01/31/97) file contained a copy of a negative tuberculin result that was no longer current as of 12/09/18. 2. A staff's (DOH: 03/30/16) file contained a copy of a negative tuberculin result that was no longer current as of 12/09/18. During interview, staff stated that new results were available; however, she confirmed that she did not have the documentation on file.	
Programming	In Compliance
Premises	In Compliance
Hygienic Practices	In Compliance
First Aid/Medication	In Compliance
Outdoor Play Area	In Compliance
Equipment	In Compliance
Transportation	In Compliance
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	In Compliance
Written Documentation	In Compliance

Inspection Report		
Posted/Available Documentation		In Compliance
Animals		In Compliance
Posted Requirements		In Compliance

Signature of Provider/Representative

Title

Date