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

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**Inspection Report**

<b>Provider Name:</b> Lawson, Crystal Elaine	<b>Provider Information</b>	<b>CLR No:</b> C52421
<b>Provider Address:</b> 651 Ky 3436, Corbin, KY, 40701	<b>Provider Type:</b> CERTIFIED	<b>Capacity:</b> 6

<b>Inspection Type:</b> Annual Inspection	<b>Inspection Information</b>	<b>Inspection No:</b> 278550
<b>Date Initiated:</b> 06/17/2019 12:45 PM	<b>Date Concluded:</b> 06/17/2019 2:00 PM	
<b>No. of Children Enrolled:</b> 8	<b>No. of Children Present:</b> 4	

<b>Inspection Report</b>	
<b>Background Checks</b>	<b>In Compliance</b>
<b>Supervision</b>	<b>In Compliance</b>
<b>General Administration</b>	<b>In Compliance</b>
<b>Provider Requirements</b>	<b>In Compliance</b>
<b>Provider Records</b>	<b>In Compliance</b>
<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>In Compliance</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/Available Documentation</b>	<b>In Compliance</b>
<b>Animals</b>	<b>In Compliance</b>
<b>Posted Requirements</b>	<b>In Compliance</b>

Signature of Provider/Representative

Title

Date