



**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> Russell, Frances Marie	<b>Provider Information</b> <b>Provider Type:</b> CERTIFIED	<b>CLR No:</b> C3087
<b>Provider Address:</b> 407 Lucky Debonair Drive, Hopkinsville, KY, 42240		<b>Capacity:</b> 6

<b>Inspection Type:</b> Annual Inspection	<b>Inspection Information</b>	<b>Inspection No:</b> 320512
<b>Date Initiated:</b> 04/11/2022 10:50 AM	<b>Date Concluded:</b> 04/11/2022 12:45 PM	
<b>No. of Children Enrolled:</b> 10	<b>No. of Children Present:</b> 3	

Inspection Report	
<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>Not In Compliance</b>

**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 interview and review of documentation, a caregiver, hired 7/18/1997, had TB documentation on file that was dated 6/6/19.

<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>

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Signature of Provider/Representative

Title

Date