



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Jones, Alicia	Provider Information	CLR No: C52862
Provider Address: 2712 Highway 3106, Monticello, KY, 42633	Provider Type: CERTIFIED	Capacity: 6

Inspection Type: Renewal Application	Inspection Information	Inspection No: 218729
Date Initiated: 03/13/2017 12:00 PM	Date Concluded: 03/13/2017 12:40 PM	
No. of Children Enrolled: 6	No. of Children Present: 4	

Inspection Report		
Supervision		In Compliance
General Administration		In Compliance
Provider Requirements		In Compliance
Provider Records		In Compliance
Programming		In Compliance
Premises		In Compliance
Hygienic Practices		In Compliance
First Aid/Medication		In Compliance
Outdoor Play Area		In Compliance
Equipment		In Compliance
Transportation		Not Applicable
Food Service		In Compliance
Children's Records		In Compliance
Written Documentation		In Compliance
Posted Documentation		In Compliance
Animals		In Compliance
Posted Requirements		In Compliance

Signature of Provider/Representative

Title

Date