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GOVERNOR

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**Inspection Report**

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

<b>Inspection Type:</b> Annual Inspection	<b>Inspection Information</b>	<b>Inspection No:</b> 320263
<b>Date Initiated:</b> 03/09/2022 12:08 PM	<b>Date Concluded:</b> 03/09/2022 12:30 PM	
<b>No. of Children Enrolled:</b> 7	<b>No. of Children Present:</b> 6	

Inspection Report	
Background Checks	In Compliance
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	Not In Compliance

**555 - Infant rest time** **Not In Compliance**

**922 KAR 2:100 - Section 13. Care Requirements for a Provider.**  
**(9) Rest time shall include adequate space specified by the child's age as follows:**  
**(a) For an infant:**  
 1. An individual non-tiered crib that meets Consumer Product Safety Commission standards established in 16 C.F.R. 1219-1220;  
 2. A firm crib mattress in good repair with a clean tight-fitted sheet that is changed:  
     a. Weekly; or  
     b. Immediately if it is soiled or wet;  
 3. No loose bedding, such as a bumper or a blanket; and  
 4. No toys or other items except for the infant's pacifier;

**Findings:**

General: Based on observation, the surveyor found a 6-month-old child sleeping in a bouncer that was placed inside of a crib with a loose blanket. The provider stated the child was congested and she was doing what was in the best interest of the child.

Transportation	In Compliance
Food Service/Food Program	In Compliance
Food Service	In Compliance
Children's Records	In Compliance

**Inspection Report**

**Written Documentation**

**In Compliance**

**Posted/Available Documentation**

**In Compliance**

**Animals**

**In Compliance**

**Posted Requirements**

**In Compliance**

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Signature of Provider/Representative

Title

Date