



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Inspection Report

Provider Name: Maloney, Shelia Delorse	Provider Information	CLR No: C54860
Provider Address: 824 Vanda Branch Drive, Mt. Sterling, KY, 40353	Provider Type: CERTIFIED	Capacity: 6

Inspection Type: Annual Inspection	Inspection Information	Inspection No: 319735
Date Initiated: 02/11/2022 1:00 PM	Date Concluded: 02/11/2022 1:45 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		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/Food Program		In Compliance
Food Service		In Compliance
Children's Records		In Compliance
Written Documentation		In Compliance
Posted/Available Documentation		In Compliance
Animals		In Compliance
Posted Requirements		In Compliance

Signature of Provider/Representative

Title

Date