



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

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SECRETARY

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Inspection Report

Provider Name: Plum Tree Montessori	Provider Information	License No: L355731
Provider Address: 412 & 436 Plum Springs Road, Bowling Green, KY, 42101	Provider Type: LICENSED TYPE I	Capacity: 102
Owner(s): Plum Tree Educational Services, Inc.		Director(s): Jessie, Michele Lynn

Inspection Type: Investigation	Inspection Information	Inspection No: 214207
Visit Start Date: 02/12/2016 8:05 AM	Visit End Date: 02/12/2016 9:30 AM	
No. of Children Present:		

Inspection Report

General Administration

160 - Report to Cabinet **In Compliance**

922 KAR 2:090. Section 11. Basis for Denial, Suspension or Revocation.
(4) Each licensee shall report to the cabinet or its designee if the:
(a) Licensee or an individual described in Section 6(4) of this administrative regulation meets a criterion of subsection (3) of this section; or
(b) Licensee meets a criterion of subsection (7)(j) of this section.

Director Requirements

265 - Health, Safety, Comfort **In Compliance**

922 KAR 2:110. Section 4. Director Requirements and Responsibilities.
(1) Effective with the adoption of this administrative regulation, a director shall:
(l) Provide for the health, safety, and comfort of each child;

Children's Records

1075 - Enrollment Information **In Compliance**

922 KAR 2:110. Section 3. Records.
(1) A child-care center shall maintain:
(b) A written record for each child:
1. Completed and signed by the child's parent;
2. Retained on file on the first day the child attends the child-care center; and
3. To contain:
a. Identifying information about the child, which includes, at minimum, the child's name, address, and date of birth;
b. Contact information to enable a person in charge to contact the child's:
(i) Parent at the parent's home or place of employment;
(ii) Family physician; and
(iii) Preferred hospital;
c. The name of each person who is designated in writing to pick-up the child;
d. The child's general health status and medical history including, if applicable:
(i) Allergies;
(ii) Restriction on the child's participation in activities with specific instructions from the child's parent or health professional; and
(iii) Permission from the parent for third-party professional services in the child-care center;
e. The name and phone number of each person to be contacted in an emergency situation involving or impacting the child;
f. Authorization by the parent for the child-care center to seek emergency medical care for the child in the parent's absence;



Signature of
Provider/Representative

Title

Date

