



**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  
Eastern Branch  
455 Park Place, Suite 120A  
Lexington, KY 40511  
Phone: (859) 246-2301 Fax: (859) 246-2307  
<https://chfs.ky.gov/agencies/os/oig>

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|  |                                       |  |
|--|---------------------------------------|--|
| <b>Provider Name:</b> Country Hills Montessori Union   | <b>Provider Information</b>           | <b>CLR No:</b> L383964                 |
| <b>Provider Address:</b> 10250 Us 42, Union, KY, 41091 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 35                    |
| <b>Owner(s):</b> Country Hills Montessori Union, LLC   |                                       | <b>Director(s):</b> Schreiber, Susan B |

|   |   |                              |
|---|---|------------------------------|
| <b>Inspection Type:</b> Initial Application | <b>Inspection Information</b>             | <b>Inspection No:</b> 290253 |
| <b>Date Initiated:</b> 07/08/2019 12:50 PM  | <b>Date Concluded:</b> 07/08/2019 2:05 PM |                              |
|   | <b>No. of Children Present:</b>           |                              |

| <b>Inspection Report</b>         |  |                       |
|----------------------------------|--|-----------------------|
| <b>Background Checks</b>         |  | <b>In Compliance</b>  |
| <b>Supervision</b>               |  | <b>In Compliance</b>  |
| <b>Staffing Requirements</b>     |  | <b>Discussed</b>      |
| <b>General Administration</b>    |  | <b>In Compliance</b>  |
| <b>Director Requirements</b>     |  | <b>In Compliance</b>  |
| <b>Employee Records</b>          |  | <b>In Compliance</b>  |
| <b>Programming</b>               |  | <b>In Compliance</b>  |
| <b>Premises</b>                  |  | <b>In Compliance</b>  |
| <b>Hygienic Practices</b>        |  | <b>Discussed</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>Not Applicable</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>Discussed</b>      |
| <b>Written Documentation</b>     |  | <b>In Compliance</b>  |
| <b>Posted Documentation</b>      |  | <b>In Compliance</b>  |
| <b>Animals</b>                   |  | <b>Not Applicable</b> |

Signature of Provider/Representative

Title

Date