



Andy Beshear
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL**

Eric Friedlander
SECRETARY

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Adam Mather
INSPECTOR GENERAL

Inspection Report

Provider Name: Alvaton After-School Program Provider Address: 6350 Old Scottsville Road, Alvaton, KY, 42122 Owner(s): Bowling Green - Warren County Community Education	Provider Information Provider Type: LICENSED TYPE I	CLR No: L354941 Capacity: 75 Director(s): Lightfoot, Erin Elizabeth
Inspection Type: Investigation Date Initiated: 09/19/2017 4:05 PM	Inspection Information Date Concluded: 09/19/2017 4:40 PM No. of Children Present: 35	Inspection No: 241906

Inspection Report	
General Administration	Not In Compliance
115 - Reports to Cabinet 922 KAR 2:110. Section 6. Reports. (1) The following shall be reported to the cabinet or designee and other agencies specified in this section within twenty-four (24) hours from the time of discovery: (a) Communicable disease, which shall also be reported to the local health department pursuant to KRS 214.010; (b) An accident or injury to a child that requires medical care; (c) An incident that results in legal action by or against the child-care center that: 1. Affects a child or staff person; or 2. Includes the center's discontinuation or disqualification from a governmental assistance program due to fraud or abuse; (d) An incident involving fire or other emergency, including a vehicular accident when the center is transporting a child receiving child care services; or (e) A report of child abuse or neglect that: 1. Has been accepted by the cabinet in accordance with 922 KAR 1:330; and 2. Names a director, employee, volunteer, or person with supervisory or disciplinary control over, or having unsupervised contact with a child in care as the alleged perpetrator.	Not In Compliance
Findings: General: Based on Review of Documentation, the center failed to report to the cabinet, within twenty-four (24) hours of discovery, a child received an injury on 8/30/17. The cabinet was notified on 09/1/17.	

Signature of Provider/Representative

Title

Date