



**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**

|  |                                       |   |
|--|---------------------------------------|---|
| <b>Provider Name:</b> Alvaton After-School Program                     | <b>Provider Information</b>           | <b>CLR No:</b> L354941                        |
| <b>Provider Address:</b> 6350 Old Scottsville Road, Alvaton, KY, 42122 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 75                           |
| <b>Owner(s):</b> Bowling Green - Warren County Community Education     |                                       | <b>Director(s):</b> Lightfoot, Erin Elizabeth |

|   |   |                              |
|---|---|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>             | <b>Inspection No:</b> 319294 |
| <b>Date Initiated:</b> 12/02/2021 3:30 PM   | <b>Date Concluded:</b> 12/02/2021 4:45 PM |                              |
|   | <b>No. of Children Present:</b> 21        |                              |

| <b>Inspection Report</b>                           |  |                       |
|--|--|-----------------------|
| <b>Background Checks</b>                           |  | <b>In Compliance</b>  |
| <b>Supervision</b>                                 |  | <b>In Compliance</b>  |
| <b>Staffing Requirements</b>                       |  | <b>In Compliance</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>In Compliance</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>In Compliance</b>  |
| <b>Kitchen Requirements</b>                        |  | <b>In Compliance</b>  |
| <b>Food Service</b>                                |  | <b>In Compliance</b>  |
| <b>Meal Planning/Center Provides Meals</b>         |  | <b>In Compliance</b>  |
| <b>Meal Planning/Center Does Not Provide Meals</b> |  | <b>Not Applicable</b> |
| <b>Children's Records</b>                          |  | <b>In Compliance</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