



**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> Laker After School Educational Resource-Southwest | <b>Provider Information</b><br><b>Provider Type:</b> LICENSED TYPE I | <b>CLR No:</b> L358001                    |
| <b>Provider Address:</b> 3426 Wiswell Road West, Murray, KY, 42071      |                                                                      | <b>Capacity:</b> 100                      |
| <b>Owner(s):</b> Calloway County Board Of Education                     |                                                                      | <b>Director(s):</b> Barlow, Leisha Louise |

|                                             |                                           |                              |
|---------------------------------------------|-------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Renewal Application | <b>Inspection Information</b>             | <b>Inspection No:</b> 219070 |
| <b>Date Initiated:</b> 03/07/2017 2:15 PM   | <b>Date Concluded:</b> 03/07/2017 3:55 PM |                              |
|                                             | <b>No. of Children Present:</b> 11        |                              |

| <b>Inspection Report</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>Food Service</b>           |  | <b>In Compliance</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>In Compliance</b> |

Signature of Provider/Representative

Title

Date