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CHILD CARE LICENSING PROVIDER'S INSPECTION SUMMARY REPORT



Provider's Name: Gana Day Care Center Physical Address: SPN Kobler ville

Contact Person: Mi Ae Kim (Ms. Jin) Contact Number: 288-4970

Category(s): $\sqrt{\text{Center Base}}$ Group Home: ___

Date of Assessment: <u>August 11, 2016</u> Assessed By: <u>Leilani I. Marciano</u>

CCLP-Safety Inspector

Type of Assessment: __ Preliminary __ Renewal __Announced Unannounced √

CCLP#: 982 (3) Date of issued: 6/28/2016 Expiration Date: 12/31/2016

Capacity: 65

Staff Child Ratio

• The Provider met the Staff Child Ratio for their infants, Toddler, K-3, and the Pre-School Level K-4& K-5, and the After School Program. Staff are present and within the ratio capacity. A floater (alternate staff) is ready available at the infant room. Nothing to report for any discrepancy or violations.

(1) Electrical

 The facility complies on all the electrical safety aspects. Nothing to report for any discrepancy or violations.

(2) Signage

 The NO SMOKING SIGNS and EXIT SIGNS are visible and posted on proper designated areas. Nothing to report for any discrepancy or violations.

(3) Emergency

Emergency equipment's are installed at the facility (smoke detector, landline fire
extinguisher) to include emergency plans posted. Nothing is report for any
discrepancy or violations.

(4). Sanitary

 The facility is odor free, practicing sanitizing continuously prevention from any bacteria. Clean towels are provided and being replaced daily as well as soap dispenser is readily available. Nothing to report for any discrepancy or violations.

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0,	

continuation SAFETY	& HEALTH	Yes	No	Note(s)
Providers obtained child's hospital number, h	nealth insurance, emergency			
contact person(s) & alternate contact person	with working phone numbers			
inyl mat is in use in the changing area for c	onvenient sanitation purposes	/		
Hand washing is perform throughout the day	on and after toileting/each diaper	,		
changed or after outdoor/before and after me	als.			
All soiled diapers is being wrapped tight in a	plastic bag and disposed in a			
closed sanitary bin away from the children(s)	eating area and out of the			
children's reach				
All food & formula is stored properly in a re-	rigerator or at the right			
temperature				
(8) Complete CCLP required documents sub-	mitted (30 days prior to the			
expiration date), Business License, CCLP License,	cense, Staff Health Cert/Food			
Handler Cert, CPR, DPW Occupancy Permit,	Sanitation Permit, Fire Inspection			
Report/Permit				
(9) Comply with an open door policy.		/		
Stove tops/butane stove are out of the childre	n's reach with pots & pans	NA		
secured. The changing area is in a separate ro	oom away from the children(s)	NO		
eating area (kitchen/cafeteria).				
Providers & Staff does not use spanking, slap	pping or any kind of punishment	N/		
as a means of discipline to manage the child'	s behavior	N/A		
osted a comprehensible Daily Activity Sche	dule per grouping of children	~		
Drinking water is available at all times, access				
are being offered frequently				
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Note(s): Refer, as the inspector identify a discrepancy (ies) as mark ($\sqrt{}$) no and informed/advised the provider with a verbal warning but will be noted or recorded.

Safety Inspector Signature:	Leilani I. Marciano/CCLP	
Provider's Signature:	Kim, Mi Ae Nw Print Name	8/11/16 Date

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continuation SAFETY & HEALTH	Yes	No	Note(s)
(4) Does the utilized cloth towels being replaced every other day with a leaned towels?	/		
Provide isolation area with clean, safe and pleasant space for a sick child separating from the other children while under the providers care.	i /		
For sanitary purpose, hand soap is a pump dispenser container.			
The Children(s) toothbrushes are covered individually at all times, stored stance and are accessible for children to brush their teeth after meal time (morning, afternoon & bedtime)	/		
The facility/home/vicinity installed a spotless child-size toilet or provide alternative tool that will enhance child's independence and sanitized after			
A food crumbs in the kitchen/cafeteria is being cleaned right away and be disinfected on and before meal time and the rooms are free from any kin scent/odor.			
Clean and disinfect napping area is done for each child's section @ min of 3 feet apart and separated by a sturdy shelve.	imum /		
All cleaning chemical supplies is stored and locked away out of the child reach.	dren's		
Individual cloth towel or disposable paper towel, hand soap, and toilet ti are provided and accessible at all times and changed daily.	ssue		
estrooms/Bathrooms disinfected, cleaned and free from odor at all time	es.		
Naptime blankets, pillow case are being replace twice a week if necessar	ry /		
Potty chairs are cleaned, disinfect at every use.			
(5) The outdoor playground is far from the main or street access road.	/		
The outdoor playground must be enclosed/fenced and gated area.			
The playground is free from hazards (tripping hazards, sharp edges, rust slippery risks, chemical pollutions, etc.).	,		
Outdoor equipment's are in good condition and age appropriate.			
Outdoor playground is far from the main access road with a enclosed fer gated or solid wall	nced		
Outdoor playground is hazardous free(tripping, sharp edges, rust, etc.)			
6 Outdoor meets a minimum 33% of facility capacity at 75sq. footage space per child.	of		
Interior space accommodates a minimum of 35sq. footage of space per of	hild.		
Providers accommodate children's learning space with 35 sq. ft.			
Providers obtained the children's records of their health, vaccination, all	lergies,		
etc as well the child's allergies must be visible.			
The eating area has ample space for children and adults for proper move roviders must obtained a record of the child's TB clearance annually	ments		
roviders must obtained a record of the child's 1B clearance annually			

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SAFETY & HEALTH	Yes	No	*Note(s)
(1) Electrical cords securely installed on the wall, ceiling, and walls and does			
ot cross pathways. The facility indoor must designate and area for any kind of			
hazards such as; (sharp objects/edges, rust, chemical, etc.) in a secured area			
with locks at no access for the children. The facility has a safety padding on all	-		
areas of the children(s) presence to prevent from slipping or any type of injury.			
All outlets must be covered or blocked off (from a height of 7ft, and below;	/		
BSC recommendation) for electric shock safety purposes.			
(2) CCLP Licenses annual (60 days prior to the expiration date)			
"No Smoking" and "Exit" signs posted around the facility/home vicinity at	/		
least 2 "Exit Door access" and smoking not allowed within the vicinity.	•		
Provider does educate and explain to the children the procedure of the			
emergency evacuation plans and posted at child's eye level of every			
entrance/exit doors.			
Caregiver 18 years old or older	_		
(3) Provider must have post evacuation plans/signs to an emergency exit			
The facility or home/vicinity is equipped with a functional alarm smoke			
detectors mounted in each enclosed rooms.			
The facility or home is equipped with a fire extinguisher unit and is view, safe	/		
nd at a convenient space.	-		
The Provider has a telephone landline installed within the			
facility/home/vicinity for communication purposes with emergency contacts			
posted			
Create; post and practice involvement of the Emergency Evacuation plans and	/		
access.			
Hand book states center rate, enrollment, staff supervision schedule, daily			
activities schedule, emergency evacuation procedures, and alternative site.			Altera Do
(3) First Aid kit is accessible and stationed at a noticeable space and must be	/		NEEDS TO be filled.
updated at all times		,	11110
Conduct emergency and disaster drills once a month and continued being			
practiced thereafter			
Disaster drills (tsunami/earthquake/fire/flood)is conducted once every 6			
months			
CCLP will conduct announced/unannounced emergency/disaster drills			
Car seat are readily available upon transporting children with seat belt on. The			
facility's interior is in a good sanitary condition and odor free to include ample	/		
space for children and provider's movement.			
(4) Provide isolation area with clean, safe and pleasant space for a sick child	/		
eparating from the other children while under the providers care.			



CCLP/CCDF PROVIDER ASSESSMENT REPORT



Business Name: GAWA DAYCANE P	hysical Address: KOBLERVILLE				
	Contact Number: <u>288-4970</u>				
O - A harmalla	mail Address:				
Capacity: <u>45</u> Maximum: Enrolled: Category(s):Center Group Home:				
Date of Assessment: Assessed Assessed	d By: LEILANI T. MANCIANS Print Name				
Announced: Unannounce	ed: Visit/Monitoring				
Type of Assessment: F	Preliminary Renewal				
CCLP#: 982 (3) Date of issued: 6/28/16 Expirati	on Date: <u>/2/3//6</u> Capacity: <u>65</u>				
Grouping Clause Monitoring Inspection:					
(1) Electrical (3) Emergency (5) Outdoor (2) Signage (4) Sanitary (6) Capacity					



(5) Outdoor

The facility outdoor playground is safe for children enrolled at this Day Care
Center to utilized as well as fenced and gated. Nothing to report for any
discrepancy or violations.

(6). Capacity

• The outdoor facility for this Provider complies with the required square footage of space per child. Nothing to report for any discrepancy or violations.

(7) Health

The Children's health insurance and their emergency contacts are all readily
available at the Provider's facility file. The Staff practices washing their hands
before and after eating as well as properly sanitized continuously
counter/table/chairs tops. Infants' formula are properly stored. Nothing to report
for any discrepancy or violations.

(8) Documents

• The facility complies with the Child Care Licensing Program required documents to be submitted. Nothing to report for any discrepancy or violations.

(9). Others

Drinking water dispenser is readily available at all times for staff and children.
 Nothing to report for any discrepancy or violations.

NOTE: Provider Assessment Monitoring Checklist is available upon request.

Signature

Leilani I. Marciano, CCLP Safety Inspector





Gana Day	case				
Date:	FUGUST 11, 2016			Time: 10'th an	1
		ATTERSO	HOOL	A Chiambana and Chiambana	
Provider's ANALYN	Staff /Child Ratio	♯ of Staff	meet ratio	does not meet ratio	Comments
	1:10	1			
Note:	urs	Floater:			
-2-8 year	ws .				
-2-9 geo	W-S				
-2-11 ye		,			
Inspector's Sign		MARCIANO ame		Date: Maust	11,2016
Provider's Signa	ature:	Date: Aug.	11. 2014		
Print Name					





	Print N	ama			
Provider's Signa	ture: Glenda	Juling V. San Gabi	riel	Date:	- 16
Inspector's Signature: WILAN II MARCHANO Print Name				Date: August	11,2014
Ms. UIN	16 The floate	r			
Byrs old- Hyrs old-	- <u>2</u>				
Note:	,				
Glonda		1	✓	Sp. 20	
Gang	1:7	77 02 0002		ratio	Commence
Provider's	Staff /Child Ratio	# of Staff	meet ratio	does not meet	Comments
Date:	100ST 111 2014	ROOM 5- K-3		Time: 10:50 0	un
D. All	16UST 11, 2016			- in 50 c) to -

*MAY FEIZIA - VOLUNTEER - HALF-DAY
JULY 7, 2016





Date: Au	aust 11,2016			Time: 10:35 am	1
Process of the second	TO	DDLER CLASSROO	m		
Provider's	Staff /Child Ratio	♯ of Staff	meet ratio	does not meet	Comments
i i				ratio	
Marichu	1:7	2			
ULIBETH					
Note: 7-2 ye	ars old.				
Ms. Lilib	ofh is the f	loater during	the momin	9	
Inspector's Signa	nture: FILAN Print N	MARCURAN MARCURAN Name		Date: <u>AUGUST</u>	11, 2016
Provider's Signa	ture: MARICHA Print N	NACCOLORI 1- UtGAEPI		Date: AnGnisT	- 11, 2016





Date: A	neusi 11,2016	PRE-SUHOOL		Time: 10:25 a	m
Provider's Gang	Staff/Child Ratio	♯ of Staff	meet ratio	does not meet ratio	Comments
Riza	170				
Note: 4-4 years	6-5 years old.				
Inspector's Sign	ature: VILAN Print N			Date:	G
Provider's Signa	ature: Riza Print N	1. Parayli). Pasayli		Date:	19





Date: AUGUST 11, 2016 INFANT ROOM				Time: 10:25 ar	n	
Provider's GANA	Staff /Child Ratio	# of Staff	meet ratio	does not meet ratio	Comments	
VULLE	1:5	1	~			
Note: Jyr q 9 month, lyr q 6 month, lyr q 5 months 1-8 months The cargiver is making sabriela bottle to make her sleep. MS.UIN THE PLOATEN Staking sabriela bottle to make her sleep. MS.UIN THE PLOATEN Staking sabriela bottle to make her sleep. MS.UIN THE PLOATEN Officiant? Date: AUGUST 11, 2016 Print Name						
Provider's Signature: Juleta C. Baroro Print Name Date: 8 11 8						



CCLP/CCDF PROVIDER ASSESSMENT REPORT



Business Name:	GANA DAYCA	ne	Physical Address: _	KOBLERVILLE		
Primary Contac	t Person: MI AE	KIM	Contact Number: _	288-4970		
2 nd Contact Per	son: <u>R129 D. F</u>	A SAYLO	Email Address:			
Capacity: 05 M	aximum: Enrolled	: Categor	y(s):Center Gr	oup Home:		
Date of Assessm	ent: AUGUST 11, 2	LOILO Asses	sed By: LEILANI I.	mancian d		
Announ	ced:	Unannour	nced: Visit/I	Monitoring		
	Type of As	sessment:	Preliminary Ren	ewal		
CCLP#: 982 3	Date of issued:	6/28/16 Expira	ntion Date: <u>/2/31/16</u>	Capacity: 65		
Grouping Clause Monitoring Inspection:						
3. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(3) Emergency (4) Sanitary		(7) Health (8) Documents			



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NOTE: Provider Assessment Monitoring Checklist is available upon request.

Signature

Leilani I.Marciano, CCLP Safety Inspector

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SAFETY & HEALTH	Yes	No	*Note(s)
Delectrical cords securely installed on the wall, ceiling, and walls and does not cross pathways. The facility indoor must designate and area for any kind of hazards such as; (sharp objects/edges, rust, chemical, etc.) in a secured area with locks at no access for the children. The facility has a safety padding on all areas of the children(s) presence to prevent from slipping or any type of injury.	/		
All outlets must be covered or blocked off (from a height of 7ft, and below; BSC recommendation) for electric shock safety purposes.	/		
(2) CCLP Licenses annual (60 days prior to the expiration date)			
"No Smoking" and "Exit" signs posted around the facility/home vicinity at least 2 "Exit Door access" and smoking not allowed within the vicinity.	/		
Provider does educate and explain to the children the procedure of the emergency evacuation plans and posted at child's eye level of every entrance/exit doors.	1		
Caregiver 18 years old or older	-		1011111111
(3) Provider must have post evacuation plans/signs to an emergency exit			
The facility or home/vicinity is equipped with a functional alarm smoke detectors mounted in each enclosed rooms.	/		
The facility or home is equipped with a fire extinguisher unit and is view, safe and at a convenient space.	/		
he Provider has a telephone landline installed within the facility/home/vicinity for communication purposes with emergency contacts posted	/		
Create; post and practice involvement of the Emergency Evacuation plans and access.	1		
Hand book states center rate, enrollment, staff supervision schedule, daily activities schedule, emergency evacuation procedures, and alternative site.			
(3) First Aid kit is accessible and stationed at a noticeable space and must be updated at all times	/		be filled.
Conduct emergency and disaster drills once a month and continued being practiced thereafter	/		
Disaster drills (tsunami/earthquake/fire/flood)is conducted once every 6 months	/		
CCLP will conduct announced/unannounced emergency/disaster drills			
Car seat are readily available upon transporting children with seat belt on. The facility's interior is in a good sanitary condition and odor free to include ample space for children and provider's movement.	1		
(4) Provide isolation area with clean, safe and pleasant space for a sick child separating from the other children while under the providers care.	1		

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continuation SAFETY & HEALTH	Yes	No	Note(s)
(4) Does the utilized cloth towels being replaced every other day with a leaned towels?	/		
Provide isolation area with clean, safe and pleasant space for a sick child separating from the other children while under the providers care.	/		
For sanitary purpose, hand soap is a pump dispenser container.	/		
The Children(s) toothbrushes are covered individually at all times, stored in a stance and are accessible for children to brush their teeth after meal time (morning, afternoon & bedtime)	1		
The facility/home/vicinity installed a spotless child-size toilet or provided alternative tool that will enhance child's independence and sanitized after use	1		
A food crumbs in the kitchen/cafeteria is being cleaned right away and being disinfected on and before meal time and the rooms are free from any kind of scent/odor.	1		
Clean and disinfect napping area is done for each child's section @ minimum of 3 feet apart and separated by a sturdy shelve.	/		
All cleaning chemical supplies is stored and locked away out of the children's reach.	/		
Individual cloth towel or disposable paper towel, hand soap, and toilet tissue are provided and accessible at all times and changed daily.	/		
estrooms/Bathrooms disinfected, cleaned and free from odor at all times.	-		
Naptime blankets, pillow case are being replace twice a week if necessary	/		
Potty chairs are cleaned, disinfect at every use.	1		
(5) The outdoor playground is far from the main or street access road.	/		
The outdoor playground must be enclosed/fenced and gated area.	/		
The playground is free from hazards (tripping hazards, sharp edges, rust, slippery risks, chemical pollutions, etc.).	1		
Outdoor equipment's are in good condition and age appropriate.	/		
Outdoor playground is far from the main access road with a enclosed fenced gated or solid wall	1		
Outdoor playground is hazardous free(tripping, sharp edges, rust, etc.)	1		
(6) Outdoor meets a minimum 33% of facility capacity at 75sq. footage of space per child.	1		
Interior space accommodates a minimum of 35sq. footage of space per child. Providers accommodate children's learning space with 35 sq. ft.	1		
Providers obtained the children's records of their health, vaccination, allergies, etc as well the child's allergies must be visible.	/		
The eating area has ample space for children and adults for proper movements	/		
Providers must obtained a record of the child's TB clearance annually			

continuation	SAFETY & HEALTH	Yes	No	Note(s)
	s hospital number, health insurance, emergency nate contact person with working phone numbers	/		
Vinyl mat is in use in the	changing area for convenient sanitation purposes	1		thevel
Hand washing is perform changed or after outdoor/	throughout the day on and after toileting/each diaper before and after meals.	1		
	g wrapped tight in a plastic bag and disposed in a from the children(s) eating area and out of the	1		
All food & formula is sto temperature	red properly in a refrigerator or at the right	1		
expiration date), Business	ired documents submitted (30 days prior to the License, CCLP License, Staff Health Cert/Food Occupancy Permit, Sanitation Permit, Fire Inspection			
(9) Comply with an open	door policy.	/		
	re out of the children's reach with pots & pans ea is in a separate room away from the children(s) eria).	N/A N/A	1	
	ot use spanking, slapping or any kind of punishment or manage the child's behavior	N/A	/	
Posted a comprehensible	Daily Activity Schedule per grouping of children	-		
Orinking water is availab are being offered frequen	le at all times, accessible to older children and infants tly	/		
				AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

Note(s): Refer, as the inspector identify a discrepancy (ies) as mark $(\sqrt{})$ no and informed/advised the provider with a verbal warning but will be noted or recorded.

Safety Inspector Signature:	Affricant	8/11/16
	Leilani I. Marciano/CCLP	Date
Provider's Signature:	Kim. Mi Ae (1)	2/11/16
1 TOVIDET 3 Signature.	Print Name	Date





Gana Day	Icare				
Date:	AUGUST 11, 2016			Time: 10'. LT an	n
		AFTERSO	CHOOL	Augustian and a second	
Provider's ANALYN	Staff/Child Ratio	# of Staff	meet ratio	does not meet ratio	Comments
	1:10		/		
Note: 4-7 year -2-94ear -2-11 year	ars ars ours cars	Floater:			
Inspector's Sign	ature: LEILANI T. 1 Print Na	MARCIANO		Date: Mucust	11,2016
	X.	Δh	Danan	Λ.,	0.1/
Provider's Signa	Print Na	me 1711 101 , 2	<u> </u>	Date: Aug.	11. 2014





Date: AUGUST 11, 2016 INFANT ROOM			Time: 10:25 am				
Provider's GANA	Staff /Child Ratio	♯ of Staff	meet ratio	does not meet ratio	Comments		
VULLE	1:5						
Note: 1 yr & 9 month, 1 yr & 6 month, 1 yr & 5 months 1-8 months The cargiver is making sabriela bottle to make her sleep. MS.UIN THE PLOATER. Inspector's Signature: LEILANI I MANGIAND Date: AUGUST 11, 2016 Print Name							
Provider's Signa	nture: Julie fa Print Na	barono C. Bara Ime) <u>Ro</u>	Date: 8/11/1	1&		





Date: At	16UST 11, 2016	ROOM 5- K-3		Time: 10:50 a	m	
Provider's Gang	Staff /Child Ratio	♯ of Staff	meet ratio	does not meet ratio	Comments	
Glonda		1	√	Mrs		
Note: Syrs old-6 4 yrs old-2 MS. UIN 16 The Floater Inspector's Signature: WILANT I MANCHENO Date: August 11, 2014 Print Name						
Provider's Signa	ture: Glenda Print Na	Puling V. San Gabr Ime	i <u>el</u>	Date: 8-11-	16	





Date: A	ugust 11,2016	PRE-SUHOON		Time: 10:25	un
Provider's Gang	Staff/Child Ratio	# of Staff	meet ratio	does not meet ratio	Comments
Riza	1:10	<u> </u>			
Note: 4-4 years	6-5 years old.				
Inspector's Sign	nature: WILAN Print N			Date: 8/11/1	6
Provider's Sign	ature: Rizh D Print Na	Parayle Parayle		Date: <u>\$\ \ \</u>	19





Date: A	ugust 11,2016			Time: 10:35 am	1
Provider's	Staff /Child Ratio	# of Staff	meet ratio	does not meet	Comments
Mariahu	1:7	2	/		
ULIBETH			The Parlack Control of the Control o		
•	ears old. both is the fi	oater during	the momin	g	
Inspector's Sign	nature: LEILANI Print No.	MARCURAD ame		Date: <u>AUGUST</u>	11, 2016
Provider's Sign	ature: Makican N	Awy 1- Utakepi 1me		Date: AnGnisT	- 11, 2016