

CHILD CARE LICENSING PROVIDER'S INSPECTION SUMMARY REPORT



Provider's Name: Gospel Light Day Care Center Physical Address: Kagman III

Contact Person: Jocelyn SN. Kaneshi Contact Number: (670) 256-0287

Category(s): _√_Center Base Group Home: ___

Date of Assessment: October 06,2016 Assessed By: Leilani I. Marciano

CCLP-Safety Inspector

Type of Assessment: __ Preliminary __ Renewal Announced \(\frac{1}{2} \) Unannounced __

CCLP#:<u>980</u> Date of issued: <u>12/21/2015</u> Expiration Date: <u>12/17/2016</u> Capacity: <u>19</u>

Staff Child Ratio

The Provider meet the Staff Child Ratio for the Infant room and the Toddler 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 Discrepancy:
 - No Daily Schedule posted for the infant/Toddler Room.

(3) Emergency

Emergency equipment's are installed at the facility (smoke detector, landline fire
extinguisher) to include emergency plans posted. Nothing to 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.

(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 Discrepancy:

No Flor Plan Posted to indicate the capacity of the rooms.

(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/
chair tops. Infant's formula are properly stored. Nothing to report for any 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



CHILD CARE LICENSING PROVIDER'S ASSESSMENT REPROT



| Business Name: GIOSPEL 1-16HT DAYCARE Physics | al Address: KAGM AN III |
|--|--|
| Primary Contact Person: MELYN KANESHI Contact | al Address: KAGM AN III et Number: 254-0287 |
| 2 nd Contact Person: UKELYN EUSBIO Email A | Address: Mo_0713@yahoo.com |
| Capacity: 9 Maximum: Enrolled: Category(s): | |
| Date of Assessment: OCT 6, 2016 Assessed By: | Print Name |
| Announced: Unannounced: | Visit/Monitoring |
| Type of Assessment: Prelim | inaryRenewal |
| CCLP#: 980 Date of issued: /2/21/1 Expirat | tion Date: 18/17/16 Capacity |
| Grouping Clause Monitoring | g Inspection: |
| (1) Electrical (3) Emergency (5) Outdoor (2) Signage (4) Sanitary (6) Capacity (5) | |

| SAFCIY& HEADIN | Yes= | No | *Note(s) |
|---|------|---|---|
| Electrical cords securely installed on the wall, ceiling, and walls and | | | |
| es 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. | | • | |
| Caregiver 18 years old or older | / | | |
| 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. | | | |
| e 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 | | 1 | |
| activities schedule, emergency evacuation procedures, and alternative site. | | V | |
| First Aid kit is accessible and stationed at a noticeable space and must | | | |
| be updated at all times | | | |
| Conduct emergency and disaster drills once a month and continued being | / | | |
| practiced thereafter | | *************************************** | CONTRACTOR OF THE PARTY OF THE |
| 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 | ./ | | |
| Id separating from the other children while under the providers care. | | | |

NO FLOOR PLAN POSTED TO INDICATE THE CLAPCITY OF THE ROSMSI NO VAILY SCHEDULE FOR THE CIFART TOODLEN.

| continuation SAFETY & HEALTH | Yes | No | Note(s) |
|--|----------|----|---------|
| Does the utilized cloth towels being replaced every other day with a aned 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) | ✓ | | |
| The facility/home/vicinity installed a spotless child-size toilet or provided alternative tool that will enhance child's independence and sanitized after use | / | | |
| 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. | / | | |
| 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 ue are provided and accessible at all times and changed daily. | / | | |
| Restrooms/Bathrooms disinfected, cleaned and free from odor at all times. | | | |
| Naptime blankets, pillow case are being replace twice a week if necessary | / | | PRIDAY |
| Potty chairs are cleaned, disinfect at every use. | _ | | |
| 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 fenced gated or solid wall | / | | |
| Outdoor playground is hazardous free(tripping, sharp edges, rust, etc.) | | | |
| (6) Outdoor meets a minimum 33% of facility capacity at 75sq. footage of | / | | |
| space per child. | / | | |
| Interior space accommodates a minimum of 35sq. footage of space per child. | / | | |
| Providers accommodate children's learning space with 35 sq. ft. | | | |
| Poviders obtained the children's records of their health, vaccination, an ergies, etc as well the child's allergies must be visible. | / | | |

| | 3.8 | | |
|--|------------------|----------|---------|
| The eating area has ample space for children and adults for proper | | | |
| novements | - | | |
| 'reviders must obtained a record of the child's TB clearance annually | / | | |
| 6_inuation SAFETY & HEALTH | Yes | No | Note(s) |
| 'roviders obtained child's hospital number, health insurance, emergency | 1 | | |
| ontact person(s) & alternate contact person with working phone numbers | ~ (, | | |
| /inyl mat is in use in the changing area for convenient sanitation purposes | / | | |
| Iand washing is perform throughout the day on and after toileting/each | / | | |
| liaper changed or after outdoor/before and after meals. | | | |
| All soiled diapers is being wrapped tight in a plastic bag and disposed in a | | | |
| losed sanitary bin away from the children(s) eating area and out of the | / | | |
| hildren's reach | | | |
| All food & formula is stored properly in a refrigerator or at the right | | | |
| emperature . | | | |
| 8) Complete CCLP required documents submitted (30 days prior to the | | 51 | |
| expiration date), Business License, GCLP License, Staff Health Cert/Food | / | | |
| Handler Cert, CPR, DPW Occupancy Permit, Sanitation Permit, Fire | | | |
| nspection Report/Permit | | | |
| 2) Comply with an open door policy. | / | 2 | |
| stove tops/butane stove are out of the children's reach with pots & pans | | 9 | |
| ecured. The changing area is in a separate room away from the children(s) | | / | |
| ating area (kitchen/cafeteria). | | | |
| reviders & Staff does not use spanking, slapping or any kind of | | | |
| unishment as a means of discipline to manage the child's behavior | | _ | 0 |
| osted a comprehensible Daily Activity Schedule per grouping of children | | | |
| Drinking water is available at all times, accessible to older children and | | | * |
| nfants are being offered frequently | | | |
| ote(s): Refer, as the inspector identify a discrepancy (ies) as mark ($$) no a | nd infor | med/a | idvised |
| e provider with a verbal warning but will be noted or recorded. | | | |
| | | | |
| | | | |
| ifety Inspector Signature: | 101 | 4/14 | • |
| Leilani I. Marciano | D | ate | |
| Child Care Licensing Safety Inspector | 2/1 0 | seata to | |
| Cilità Cata Disconding Saisty amplitude | | | |

Print Name

ovider's Signature:



Announced/Unannounced Staff / Child Inspection



Afferschool

| | 1 | , , , , , | | | | |
|--|--------------------|------------|------------|---------------------|----------|--|
| Date: | /16/16 | | | Time: 3:05 | | |
| Provider's | Staff /Child Ratio | # of Staff | meet ratio | does not meet ratio | Comments | |
| Joselyn Euseb | 08 | / | | | | |
| Note: (2) le yrs old * The children were harry (6) 7 yrs old grading time. | | | | | | |
| Inspector's Signature: Leilani I. Marciano Date: Print Name | | | | | | |
| Provider's Signature: JOCEVN ELGT MU Print Name Date: 10/6/16 | | | | | | |



Announced/Unannounced Staff / Child Inspection



Gospel

| Date:10 | le 116 | Time: 2:56 | | | | |
|--|---|------------|------------|---------------------|----------|--|
| Provider's | Staff/Child Ratio | # of Staff | meet ratio | does not meet ratio | Comments | |
| Marries mar | te 8 | 2 | | | | |
| Delores Tait | 900 | | | | | |
| 20,000 1491 | 410 | | | | | |
| Note: (3) Byrs old The Kids are playing toys (3) 2 yrs old (1) 4 yrs old The 9 mas old is sleeping in another room (1) 1 yr 4 mas While ms. I marte goes in and Check on Infai (1) 9 mos | | | | | | |
| Inspector's Signa | Inspector's Signature: Leilani I. Marciano Date: | | | | | |
| | Print I | Name | | | | |
| | rovider's Signature: MARITES TRIARTE Date: 10 - 00 - 16 | | | | | |
| Provider's Signa | ture: MAKITES 1 | XIAKIC | | Date: 10 - 00 - | 16 | |
| Print Name | | | | | | |