

## CHILD CARE LICENSING PROVIDER'S ASSESSMENT REPROT



Business Name: 601	DEN HARVES INT'L. DAYCARE Son: <u>aldelloa Vil</u> loria	Physical Address:	an Jobe Oddier/Pre-K-4/5
Primary Contact Pers	son: ALDELI DA VILLORIA	Contact Number:	5-4655
2 <sup>nd</sup> Contact Person: _		Email Address:	
Capacity:Maxim	um: Enrolled: Categor	y(s):Center Group	o Home:
Date of Assessment:	OCT 18, 2016 Asses	sed By: LEILANI MARC	CIANO / GREGORIO SOMOL Name
Announced:_	Unannou	nced: Visit/Mon	nitoring
	Type of Assessment:	_PreliminaryRenewa	al
CCLP#:	Date of issued:	Expiration Date:	Capacity
	Grouping Clause Mo	onitoring Inspection:	
(1) Electrical (3) (2) Signage (4)	Emergency (5) Outdoor Sanitary (6) Capacity	(7) Health (8) Documents	(9) Other

SAFETY & HEALTH	Yes	No	*Note(s)
(1) Electrical cords securely installed on the wall, ceiling, and walls and			
s 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			
(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.			
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.		710 - 110 - 111 <del>-</del> 111 1	
(3) 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			
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.			
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continuation SAFETY & HEALTH	Yes	No	Note(s)
(4) Does the utilized cloth towels being replaced every other day with a cleaned 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 time 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			
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 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.			
Providers obtained the children's records of their health, vaccination, rgies, etc as well the child's allergies must be visible.			

The eating area has ample space for children and adults for proper			
Providers must obtained a record of the child's TB clearance annually	Yes	No	Note(s)
SARRIY & HEALTH	165	1,0	
1 1 1 1 1 1 2 hospital number health insurance, efficigency			
/ \ 0 1/			TO SH
the changing area in the changing area in Collyclife Saintaired part			
II describing is perform throlloholl the day off and after tone			2
1 an after outdoor/before and allel illeais.			
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
All soiled diapers is being wrapped tight in a partial closed sanitary bin away from the children(s) eating area and out of the			
1 '11 June 2's month			
All food & formula is stored properly in a refrigerator or at the right			
GCI D required documents submitted (30 days prior to the			
in data) Duginess License (CLP License, Stati Health Celul out			
Handler Cert, CPR, DPW Occupancy Permit, Santation Termit, The			
Inspection Report/Permit	-	-	
O Complex with an open door policy.			
Theretone stove are out of the children's reach will pois & pans			
secured. The changing area is in a separate room away from the emidren (s)			
acting area (kitchen/cafeteria).			
widows & Staff does not use spanking, slapping or any kind of			1,
punishment as a means of discipline to manage the child's behavior	-		
Dested a comprehensible Daily Activity Schedule per grouping of children	-	+	
Drinking water is available at all times, accessible to older children and			
1 CC 1 Comments	and inf	ormad	/advised
Nota(s): Refer as the inspector identify a discrepancy (ies) as mark (v) no	ana inj	ormea	/uu riscu
the provider with a verbal warning but will be noted or recorded.			
Safety Inspector Signature:  Leilani I. Marciano		Date	
Child Care Licensing Safety Inspector			
Provider's Signature:  ADELA IDA L. VILORIA  Print Name		1	1
DOTTA IDA L. VILORIA	10	7/18	2016
Provider's Signature: APEDA IDA C. NILUICIA Print Name		Dat	e
1 Time I vanie			
Anitness By:			11/20
4			



## Announced/Unannounced Staff / Child Inspection



Golden Harvest Infant / todaler

Date: <u>Oct.</u> 18	, 2014	Infant /	Toddler Time:	10:15		
Provider's	Staff /Child Ratio	♯ of Staff	meet ratio	does not meet	Comments	
Kabelita Salce	do 5					
Note:  (1) 1 yrg 9mos  (4) 2 yrs * One of the cheld toys.  1s new, Oure taker (Babelta)  assume of 1 yrage						
Inspector's Signa	ature: Print	Name		Date: 07 18	,2016	
Provider's Signa	ture:Print N	Calado		Date: OCT	18, 2016	

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## Announced/Unannounced Staff / Child Inspection



Gilden Harrest

Date: 10/18	116	K-4	Time:	0:22	
Provider's	Staff /Child Ratio	# of Staff	meet ratio	does not meet ratio	Comments
MARYGRACE	9	1	<i></i>		
Note: ONE CHIL	D DIDN'T WA	1941 HE HAN	D APTICIE T	DIVET. NO	Evacuation
Inspector's Signa	ature: Print	uwe Iame		Date: <u>8</u>	, 2016
Provider's Signa	iture: Mary Co	MASSINGUE MANDOZ	<b>a</b>	Date: 00+ 181	70[6



## Announced/Unannounced Staff / Child Inspection



Date: <u>OCT [8]</u>	016	K-5	Time	: 10:25 am	
Provider's	Staff /Child Ratio	# of Staff	meet ratio	does not meet	Comments
Belinda Acosta	11 :			1400	
Note:					
	1				
Inspector's Signa	ature:Print N			Date: DCT 18	3,2016
Provider's Signa	ture: <u>BELIND A</u> Print Na			Date: OCT	18, 2016

Fire Extinguisher [act inspection dan. 30, 24th.