

CCLP/CCDF PROVIDER INSPECTIONS SUMMARY REPORT



| Provider's Name: Loving Hands (P-15) | Physical Address: San Antonio |
|--------------------------------------|---|
| Contact Person: Yeldez T. Javier | Contact Number: 989-1062 |
| Category(s):/ Center Group Hor | me: |
| Date of Assessment: March 6, 2017 | Assessed By: Gordon B. Salas, Safety Inspector Print Name |
| Type of Assessment: Preliminary | <mark>√ Renewal Announced Unannounced:</mark> |
| CCLP#:989 Date of issued: _6/20/ | /2013 Expiration Date:Capacity: |

Staff Child Ratio

• The Provider met the Staff Child Ratio for their Infants, Toddlers, K-4&K-5, and the Pre-School level. Staffs are present and are within the ratio capacity.

(1) Electrical

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

(2) Signage

• Important signage's are visible and posted on proper designated areas. *Nothing to report for any discrepancies or violations*.

(3) Emergency

• Emergency equipment's are installed at the facility (landline, alarm smoke detector) to include emergency plans posted. *Nothing to report for any discrepancies or violations*.

(4) Sanitary

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

(6) Capacity

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

(7) Health

• The children's health insurance and their emergency contacts are all readily available at the Providers facility file. The staff practices washing their hands before and after eating as well as properly sanitized continuously counters/tables/chairs tops. Infant formulas as well as prescribed medications are properly stored. *Nothing to report for any discrepancies or violations*.

(8) Documents

• The facility has turned in all CCLP required documents pending review and approval. *Nothing to report for any discrepancies or violations.*

(9) Other

• Drinking water dispenser is readily available at all times for staff and children. However, the provided has informed that she is providing readily available bottled water. *Nothing to report for any discrepancies or violations*.

NOTE: Provider Assessment Monitoring checklist is available upon request.

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|-----------|-------|------|--------|--|
| Signature | | | | |
| Gordon B | Salac | CCLP | Safety | |

Gordon B. Salas, CCLP Safety Inspector

Concurred by:

Ana B. Santos, CCLP Supervisor

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CHILD CARE LICENSING PROVIDER'S MONITORING REPROT



| Business Name: Loving Hands (P-15) | Physical Address: San Antonio | | | | |
|---|--|--|--|--|--|
| Primary Contact Person: Yeldez Javier | Contact Number: 989-1062 | | | | |
| 2 nd Contact Person: Email Address: | | | | | |
| Capacity:Maximum: Enrolled: Categor | y(s): | | | | |
| Date of Assessment: 3/6/2017 | Assessed By: <u>Gordon B. Salas</u> Print Name | | | | |
| Announced: Unannoun | nced: Visit/ <mark>Monitoring </mark> | | | | |
| Type of Assessment CCLP#: 989 Date of issued: 3/28/2016 E | ent: Renewal Expiration Date: 3/24/2017 Capacity 58 | | | | |
| Date of Issued. <u>3/28/2010</u> | Aprilation Date. <u>3/24/2017</u> Capacity <u>30</u> | | | | |
| Grouping Clause Mo | onitoring Inspection: | | | | |
| (1) Electrical (3) Emergency (5) Outdoor (2) Signage (4) Sanitary (6) Capacity | | | | | |
| Staffs: 1. Yeldez Javier, Director/Head Teacher2. Rhona Martinez, Teacher [Preschool/K-4-5]3. Joanne Ordona, Teacher/Caregiver [Infant/Toddler]4. Jenalene M. Bringas, Preschool Teacher/Floater [K-3/4]5. Debbie Ong, Preschool Teacher/Caregiver [K-3/4]6. Isabelita M. Fernandez, Preschool Teacher/Caregiver [Infant/Toddler]7. Jennie Marie T. Zapanta, Teacher [K-3]8. Louiellen A. Alejo, Floater Teacher [Infant/Toddler]9. Jeramy J. Tubale, Teacher [K-3/5] | | | | | |

| SAFETY & HEALTH | Citation | Monitoring | Yes or No (Y/N) |
|--|--------------|------------|-----------------------|
| (1) Electrical cords securely installed on the wall, ceiling, and walls and | | | (1//1) |
| 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 | | | <u>.</u> |
| entrance/exit doors. | | | |
| Caregiver 18 years old or older | | | |
| (3) Provider must have post evacuation plans/signs to an emergency exit | | 1 | |
| 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. | | | |
| 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. | | | |
| Handbook states center rate, enrollment, staff supervision schedule, daily | | | |
| activities schedule, emergency evacuation procedures, and alternative | | | |
| site. | | | |
| (4) 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 | | | <u> </u> |
| on. The facility's interior is in a good sanitary condition and odor free to | | | |
| include ample space for children and provider's movement. | | | |

| continuation | SAFETY & HEALTH | Citation | Monitoring | Yes or No (Y/N) |
|--|--|----------|--|-----------------------|
| | s being replaced every other day with a | 1 | | |
| leaned towels? | | | | |
| | , safe and pleasant space for a sick child | | | |
| | n while under the providers care. | | | |
| For sanitary purpose, hand soap | | | | |
| , , | covered individually at all times, stored | | | |
| in a stance and are accessible for | children to brush their teeth after meal | | | |
| time (morning, afternoon & bedt | ime) | | | |
| The facility/home/vicinity install | ed a spotless child-size toilet or | | | |
| provided alternative tool that wil | l enhance child's independence and | | | |
| sanitized after use | | | | |
| A food crumbs in the kitchen/cat | eteria is being cleaned right away and | | | |
| | 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 sepa | | | | |
| | stored and locked away out of the | | The state of the s | |
| children's reach. | , | | | |
| Individual cloth towel or disposa | ble paper towel, hand soap, and toilet | | | |
| - | e at all times and changed daily. | | | |
| The state of the s | d, cleaned and free from odor at all | | | |
| times. | | | | |
| Naptime blankets, pillow case ar | e being replace twice a week if | | | |
| necessary | | | | |
| Potty chairs are cleaned, disinfec | t at every use. | | | |
| | r from the main or street access road. | | | |
| The outdoor playground must be | | | | |
| | ards (tripping hazards, sharp edges, rust, | | | |
| slippery risks, chemical pollution | | | | |
| Outdoor equipment's are in good | | | | |
| | he main access road with a enclosed | | | |
| fenced gated or solid wall | no main access road with a cherosed | | | |
| | s free(tripping, sharp edges, rust, etc.) | | J | J |
| Note: Outdoor playground slope | | | | |
| | 3% of facility capacity at 75sq. footage | | | |
| of space per child. | , | | | |
| | ninimum of 35sq. footage of space per | | | |
| child. | | | | |

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|--|----------|------------|-----------------------|
| continuation SAFETY & HEALTH | Citation | Monitoring | Yes or No (Y/N) |
| <u></u> | | | |
| Providers obtained the children's record of their health, vaccination, | | | |
| allergies, etc as ell 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 | | | |
| Providers obtained child's hospital number, health insurance, emergency | | | |
| contact person(s) & alternate contact person with working phone numbers | | | |
| Vinyl mat is in use in the changing area for convenient sanitation | | | |
| purposes | | | |
| Hand washing is perform throughout the day on and after toileting/each | | | |
| diaper changed or after outdoor/before and after meals. | | | |
| 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 refrigerator or at the right | | | |
| temperature | | | |
| (8) Complete CCLP required documents submitted (30 days prior to the | | | |
| xpiration date), Business License, CCLP License, 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 children's reach with pots & pans | | | |
| secured. The changing area is in a separate room away from the | | | |
| children(s) eating area (kitchen/cafeteria). | | | |
| Providers & Staff does not use spanking, slapping or any kind of | | | |
| punishment as a means of discipline to manage the child's behavior | | | |
| Posted a comprehensible Daily Activity Schedule per grouping of | | | |
| children | | | |
| Drinking water is available at all times, accessible to older children and | | | |
| infants are being offered frequently | | | |

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:

Gordon B. Salas
Child Care Licensing Safety Inspector

Provider's Signature:

Print Name

Print Name

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Announced/Unannounced Staff / Child Inspection



| Date: 3/6/2 | 0/7 | | Time | 9:28 A.M | |
|------------------------------|---------------------------------------|--------------|--------------|---------------------|----------|
| Provider's funny Hands | Staff/Child Ratio from (8) 1016/w (9) | # of Staff | meet ratio | does not meet ratio | Comments |
| 1/4.00 | Preshoof (10) presho (8) | 1 | - | | |
| Note: Dher - Flo | pater | | | | |
| | . , | | | | |
| Inspector's Sign | nature: Garley. Print N | 3. Salas ame | | Date: 3/4/ | 12017 |
| | | | | | |
| Provider's Sign | ature: Dhez Print Na | Jovier | | Date: 3/6/ | 17 |