



CCLP/CCDF PROVIDER INSPECTION SUMMARY REPORT



Provider's Name: PSS Early Head Start Physical Address: Susupe

Contact Person: Kimberly Duenas Contact Number: _____

Category: Center: Group Home: _____

Date of Assessment: May 31, 2018 Assessed By: George R. Fleming

Type of Assessment:

Preliminary _____ Renewal _____ Announced _____ Unannounced: Monitoring: _____

CCLP#: 1061 Date Issued: 3/13/18 Expiration Date: 3/13/19 Capacity: 8

Staff Child Ratio:

The provider is in compliance with the Staff/Child ratio under the classification of "Infant and Toddler Program" in accordance with SUBCHAPTER 55-40.1 *CHILD CARE STANDARDS RULES AND REGULATIONS* Part 400 Subpart C § 55-40-1-426. *No discrepancies noted.*

1. Electrical:

- The facility complies with all electrical safety requirements. *No discrepancies noted.*

2. Signage:

- Signages are clearly visible and posted in designated areas. *No discrepancies noted.*

3. Emergency:

- Emergency kits/equipment are properly installed and readily available. Exit plans are in place and documented accordingly. *No discrepancies noted.*

4. Sanitation:

- Requirements are met per the issuance of a valid Sanitary permit. *No discrepancies noted.*

5. Outdoor:

- Outdoor play area complies with local child care standards rules and regulations. *No discrepancies noted.*

6. Capacity:

- All requirements are met per the issuance of a valid Occupancy permit. *No discrepancies noted.*

7. Health:

- Children's health information are available and filed in the facility. *No discrepancies noted.*

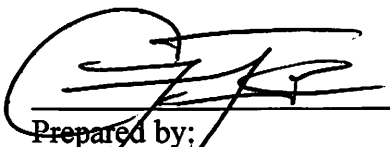
8. Documents:

- All relevant and pertinent documents are placed in an orderly fashion and clearly visible. *No discrepancies noted.*

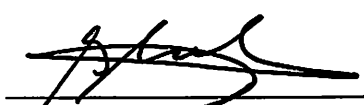
9. Other:

- None

NOTES: *It is advised that corrective action be taken regarding all recommendations detailed in this report (if any).*



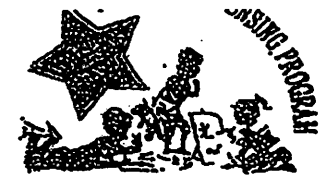
Prepared by:
George R. Fleming,
CCLP Safety Inspector



Concurred by:
Gordon B. Salas,
CCLP Supervisor



Announced/Unannounced
Staff / Child Inspection



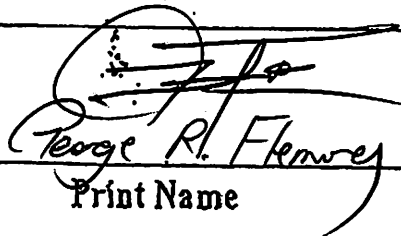
Date: 5/31/18

Time: 0944

Provider's	Staff /Child Ratio	# of Staff	meet ratio	does not meet ratio	Comments
<u>RSC/EHS Suspo</u>	<u>15 / 6^{mos}-2 yrs</u>	<u>3</u>	<u>✓</u>		

Note:

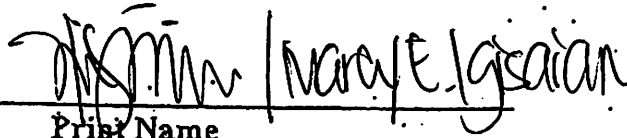
Inspector's Signature:


George R. Flewrey
Print Name

Date:

5/31/18

Provider's Signature:


Nancy E. Gsarian
Print Name

Date:

05/31/18



CCLP/CCDF PROVIDER ASSESSMENT REPORT



Business Name: PSO/EHS Physical Address: Surpe

Primary Contact Person: _____ Contact Number: _____

2nd Contact Person: _____ Email Address: _____

Capacity: _____ Maximum: _____ Enrolled: _____ Category(s): Center: _____ Group Home: _____

Date of Assessment: 5/31/18 Assessed By: George R. Fleming
Print Name

Announced: _____ Unannounced: Visit/Monitoring: _____

Type of Assessment: _____ Preliminary _____ Renewal

CCLP#: 1061 Date of issue: 3/13/18 Expiration Date: 5/13/19 Capacity: 49

Grouping Clause Monitoring Inspection:

- | | | | | |
|----------------|---------------|--------------|---------------|-----------|
| (1) Electrical | (3) Emergency | (5) Outdoor | (7) Health | (9) Other |
| (2) Signage | (4) Sanitary | (6) Capacity | (8) Documents | |

- Staff:
1. Mary Iqisair
 2. Marta Cabrera
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.

Notes:

- Drill 5/15/18
- Health info of children
- Staff are aware of emergency procedures

Safety Inspector Signature: _____



George R. Fleming

5/31/18
Date

Provider's Signature: _____



Biscione, Macey

Print Name

05/31/18
Date