



CCLP/CCDF PROVIDER ASSESSMENT REPORT



Business Name: Ps EHS

Physical Address: Stuyvesant

Primary Contact Person: _____

Contact Number: _____

2nd Contact Person: _____

Email Address: _____

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

Date of Assessment: 02/19/18

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: 3/13/19 Capacity: _____

Grouping Clause Monitoring Inspection:


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

Staff:

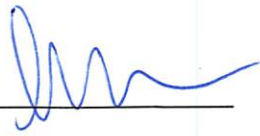
1. Marley
2. Christina
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

Notes:

- No discrepancies -

Safety Inspector Signature: 
George R. Fleming


Date

Provider's Signature: 
Marla Cabrera
Print Name


Date