

Berkley County DEPARTMENT OF HEALTH
STATE OF WEST VIRGINIA
CHILD CARE CENTER INSPECTION REPORT



NAME <u>CR Enterprises dba OCCD</u>		ADDRESS <u>2007 Professional Court</u>	
OWNER/OPERATOR	CITY/COUNTY <u>Martinsburg/West Virginia</u>	DATE <u>Jan 6, 2019</u>	
TYPE OF CHILD CARE CENTER: <input checked="" type="checkbox"/> DAY CARE CENTER (CAPACITY >12) <input type="checkbox"/> FAMILY DAY CARE FACILITY (CAPACITY 7 - 12)			
RECOMMENDATION FOR LICENSURE OR CERTIFICATION BY DIVISION OF HUMAN SERVICES: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> WITHHOLD			

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<p><u>Day care centers</u> must comply with the Food Service Sanitation Rules, 64 CSR 17. See inspection form SF-1.</p> <p><u>Family day care facilities:</u></p> <p>a) All areas/equipment/utensils clean, good repair.</p> <p>b) Food contact surfaces non-toxic, cleanable; cleaned & sanitized.</p> <p>c) Dishwashing facilities provided. Mechanical dishwasher capable of sanitizing or dishes manually washed, rinsed & sanitized. Air dry.</p> <p>d) Food sound condition, approved sources. No home canned food.</p> <p>e) Adequate refrigeration ≤ 41°F.</p> <p>f) Food protected from contamination.</p> <p>g) Thoroughly cooked.</p> <p>h) Served immediately, refrigerated, or held at 140°F or above.</p> <p>i) Staff wash hands as required.</p> <p>j) Good hygienic practices, clean clothing, hair restraints, no tobacco.</p> <p>k) Food service workers permits.</p>	<p><u>FAMILY DAY CARE FACILITY</u></p> <p>Maximum capacity = 12 children. No more than 4 infant/toddlers (0 - 2 yrs.). 2 staff for: >2 infants (0 - 12 months) OR >6 children (0 - 12 yrs.)</p> <p>Total child care staff present: _____</p> <p>Total children present: _____</p> <p>Ages: 0 - 12 months _____ 12 - 24 months _____ >24 months _____</p> <p><u>DAY CARE CENTER</u></p> <table border="1"> <thead> <tr> <th>Required Ratio Adult/Child</th> <th>No. Children Present</th> <th>Actual Ratio Adult/Child</th> </tr> </thead> <tbody> <tr> <td>0 - 2 yrs. 1:4</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2 - 3 yrs. 1:8</td> <td><u>8</u></td> <td><u>1:8</u></td> </tr> <tr> <td>3 - 4 yrs. 1:10</td> <td><u>7</u></td> <td><u>1:7</u></td> </tr> <tr> <td>4 - 5 yrs. 1:12</td> <td><u>8-12</u></td> <td><u>2:1-8-12</u></td> </tr> <tr> <td>5 - 6 yrs. 1:15</td> <td><u>4</u></td> <td><u>1:4</u></td> </tr> <tr> <td>School Age 1:16</td> <td><u>10</u></td> <td><u>1:10</u></td> </tr> <tr> <td colspan="3">Total Present: <u>49</u> children</td> </tr> <tr> <td colspan="3"><u>5-2</u> child care staff</td> </tr> </tbody> </table>	Required Ratio Adult/Child	No. Children Present	Actual Ratio Adult/Child	0 - 2 yrs. 1:4	_____	_____	2 - 3 yrs. 1:8	<u>8</u>	<u>1:8</u>	3 - 4 yrs. 1:10	<u>7</u>	<u>1:7</u>	4 - 5 yrs. 1:12	<u>8-12</u>	<u>2:1-8-12</u>	5 - 6 yrs. 1:15	<u>4</u>	<u>1:4</u>	School Age 1:16	<u>10</u>	<u>1:10</u>	Total Present: <u>49</u> children			<u>5-2</u> child care staff			<p>a) Animals and quarters clean.</p> <p>b) No wild, dangerous, aggressive, ill animals.</p> <p>c) Aquariums in activity area, out of reach.</p> <p>d) Dogs and cats vaccinated.</p> <p>e) In day care centers, outdoor quarters separate from children's areas.</p> <p>f) Indoor quarters and litter boxes not in food prep, storage, or serving areas.</p> <p>g) No live animals in food areas, and in-use dining areas.</p>
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ITEM	REMARKS
	Walls now painted - some areas completed - others need finished
	45 - Ceiling light out
	55 - toilet needs repaired; floor covered in bathroom; ceiling fan covered patch wall by chairs; wall the mirror needs; fix after is adjusted
	35 - green table - cots need repaired; two cots for 10 and kit
	Elementary area - floor lamp light bulbs broken - melted cover; ceiling fans need repaired; ceiling light bulbs needed - secure fixture

VIOLATIONS MUST BE CORRECTED ON OR BEFORE _____

Sanitation mirrors broken
Sanitarian Paint wall

Change of ownership in Permit -> Intimidation

Berkeley DEPARTMENT OF HEALTH
STATE OF WEST VIRGINIA
CHILD CARE CENTER INSPECTION REPORT



NAME Ch Enquiries dba LLC ADDRESS 1017 Professional Court
 OWNER/OPERATOR _____ CITY/COUNTY Mingo Berkeley DATE Feb. 2019
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ITEM	REMARKS
	to Karshoda Yeast.
	2.5 - ceiling lights out; secure kitchen corner cabinet; patch wall
	Thermometers needed for all walls
	Plasterboard - two sharp branch points need protected
	Woods - pilled - vines outside trimmed
	Broken toys need repaired or removed

VIOLATIONS MUST BE CORRECTED ON OR BEFORE _____

Judy Edwards
SANITARIAN