

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



NAME <u>Kamp Tree Home Bethleley</u>	ADDRESS <u>201 S. MARY STREET</u>	
OWNER/OPERATOR <u>Tonya Rivera</u>	CITY/COUNTY <u>Hedgeville W. Va.</u>	DATE <u>8-5-10</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 type="checkbox"/> REGULAR <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> WITHHOLD <span style="float: right;"><u>Opening</u></span>		

Notice: Based on an inspection this day, the items marked below and on the reverse must be corrected within the period of time specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit. An opportunity for an appeal will be provided if a written request for a hearing is filed with the health authority within the period of time established in this notice for the correction of the violations. Please note that the numbers in parentheses to the right of each heading correspond to the applicable section numbers in the Child Care Center Rules, 64 CSR 21.

1. FOOD SERVICE (Sec.11)	2. STAFFING/SUPERVISION (Sec.16)	3. ANIMALS (Sec. 7)																											
<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> <ul style="list-style-type: none"> <li>a) All areas/equipment/utensils clean, good repair.</li> <li>b) Food contact surfaces non-toxic, cleanable; cleaned &amp; sanitized.</li> <li>c) Dishwashing facilities provided. Mechanical dishwasher capable of sanitizing or dishes manually washed, rinsed &amp; sanitized. Air dry.</li> <li>d) Food sound condition, approved sources. No home canned food.</li> <li>e) Adequate refrigeration ≤ 41°F.</li> <li>f) Food protected from contamination.</li> <li>g) Thoroughly cooked.</li> <li>h) Served immediately, refrigerated, or held at 140°F or above.</li> <li>i) Staff wash hands as required.</li> <li>j) Good hygienic practices, clean clothing, hair restraints, no tobacco.</li> <li>k) Food service workers permits.</li> </ul>	<p style="text-align: center;"><u>FAMILY DAY CARE FACILITY</u></p> <p>Maximum capacity = 12 children. No more than 4 infant/toddlers (0 - 2 yrs.). 2 staff for: &gt;2 infants (0 - 12 months) OR &gt;6 children (0 - 12 yrs.)</p> <p>Total child care staff present: _____</p> <p>Total children present: _____</p> <p>Ages:                    0 - 12 months _____</p> <p style="margin-left: 100px;">12 - 24 months _____</p> <p style="margin-left: 100px;">&gt;24 months _____</p> <p style="text-align: center;"><u>DAY CARE CENTER</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Required Ratio <u>Adult/Child</u></th> <th style="text-align: left;">No. Children <u>Present</u></th> <th style="text-align: left;">Actual Ratio <u>Adult/Child</u></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>_____</td><td>_____</td></tr> <tr><td>3 - 4 yrs.    1:10</td><td>_____</td><td>_____</td></tr> <tr><td>4 - 5 yrs.    1:12</td><td>_____</td><td>_____</td></tr> <tr><td>5 - 6 yrs.    1:15</td><td>_____</td><td>_____</td></tr> <tr><td>School Age 1:16</td><td>_____</td><td>_____</td></tr> <tr><td colspan="2" style="text-align: right;">Total Present: _____ children</td><td></td></tr> <tr><td colspan="2" style="text-align: right;">_____ child care staff</td><td></td></tr> </tbody> </table>	Required Ratio <u>Adult/Child</u>	No. Children <u>Present</u>	Actual Ratio <u>Adult/Child</u>	0 - 2 yrs.    1:4	_____	_____	2 - 3 yrs.    1:8	_____	_____	3 - 4 yrs.    1:10	_____	_____	4 - 5 yrs.    1:12	_____	_____	5 - 6 yrs.    1:15	_____	_____	School Age 1:16	_____	_____	Total Present: _____ children			_____ child care staff			<ul style="list-style-type: none"> <li>a) Animals and quarters clean.</li> <li>b) No wild, dangerous, aggressive, ill animals.</li> <li>c) Aquariums in activity area, out of reach.</li> <li>d) Dogs and cats vaccinated.</li> <li>e) In day care centers, outdoor quarters separate from children's areas.</li> <li>f) Indoor quarters and litter boxes not in food prep, storage, or serving areas.</li> <li>g) No live animals in food areas, and in-use dining areas.</li> </ul> <p style="text-align: right;"><b>4. LAUNDRY (Sec.15)</b></p> <ul style="list-style-type: none"> <li>a) In day care centers, laundry may not be done in activity or food areas.</li> <li>b) Soiled laundry in nonabsorbent, cleanable covered containers.</li> <li>c) Soiled and clean laundry separated.</li> <li>d) Clean laundry stored protected.</li> <li>e) Laundry mech. washed &amp; dried; or mech. washed, sanitized, air-dried.</li> </ul> <p style="text-align: center;"><b>SEE REVERSE SIDE</b></p>
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304-995-4265

ITEM	REMARKS
	<u>Will need to contact public sewer for grease trap letter</u>
	<u>also contact DHHR for lead assessment.</u>
	<u>Bring copies to HD to pick-up permits</u>
	<u>Tonya Rivera</u>

VIOLATIONS MUST BE CORRECTED ON OR BEFORE \_\_\_\_\_

\_\_\_\_\_  
SANITARIAN



West Virginia Department of Health & Human Resources

Berkeley Health Department

FOOD ESTABLISHMENT INSPECTION REPORT

Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 72 hours for Priority items and 10 calendar days for Priority Foundation items or HACCP Plan deviations. (§ 64 CSR 17-3.1.j).

OBSERVATIONS TOTALS: PRIORITY \_\_\_\_\_ PRIORITY FOUNDATION \_\_\_\_\_  
CORE \_\_\_\_\_ TOTAL \_\_\_\_\_

ESTABLISHMENT: <u>Kamp Tree House Bar</u> PERMIT NO.:	DATE: <u>8-5-19</u>
ADDRESS: <u>201 S. Mary St</u> CITY: <u>Hedgesville</u> STATE: <u>WV</u> ZIP: <u>25427</u>	
PERSON IN CHARGE/TITLE: <u>X Tonya Rivera</u> TELEPHONE:	
RECEIVED BY (SIGNATURE): <u>X Tonya Rivera</u> SANITARIAN (SIGNATURE):	
INSPECTION TYPE: ROUTINE <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> COMPLAINT <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> <u>OPENING</u> TIME: <u>11:30</u>	

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
				- Has gloves sanitizer (50-100) 70%+ devices - 3-BA - Hand sink, hot water. - See day care paper work

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM