

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



NAME <u>Learning Bears 1425 Road</u>	ADDRESS <u>170 Eagle School Rd</u>
OWNER/OPERATOR <u>Toyce N. ...</u>	CITY/COUNTY <u>Putnam WV</u>
DATE <u>12-17-19</u>	
TYPE OF CHILD CARE CENTER: <input checked="" type="checkbox"/> DAY CARE CENTER (CAPACITY >12) x 2 <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	

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.

<p>1. FOOD SERVICE (Sec.11)</p> <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>2. STAFFING/SUPERVISION (Sec.16)</p> <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: >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 _____</p> <p> 12 - 24 months <u>4-1</u></p> <p> >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 Adult/Child</th> <th style="text-align: left;">No. Children Present</th> <th style="text-align: left;">Actual Ratio Adult/Child</th> </tr> </thead> <tbody> <tr> <td>0 - 2 yrs. 1:4</td> <td style="text-align: center;"><u>7</u></td> <td style="text-align: center;">: _____</td> </tr> <tr> <td>2 - 3 yrs. 1:8</td> <td style="text-align: center;"><u>7</u></td> <td style="text-align: center;">: <u>1</u> _____</td> </tr> <tr> <td>3 - 4 yrs. 1:10</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">: _____</td> </tr> <tr> <td>4 - 5 yrs. 1:12</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">: _____</td> </tr> <tr> <td>5 - 6 yrs. 1:15</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">: _____</td> </tr> <tr> <td>School Age 1:16</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">: _____</td> </tr> <tr> <td>Total Present:</td> <td style="text-align: center;"><u>11</u> children</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td style="text-align: center;"><u>2</u> child care staff</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	Required Ratio Adult/Child	No. Children Present	Actual Ratio Adult/Child	0 - 2 yrs. 1:4	<u>7</u>	: _____	2 - 3 yrs. 1:8	<u>7</u>	: <u>1</u> _____	3 - 4 yrs. 1:10	_____	: _____	4 - 5 yrs. 1:12	_____	: _____	5 - 6 yrs. 1:15	_____	: _____	School Age 1:16	_____	: _____	Total Present:	<u>11</u> children	_____		<u>2</u> child care staff	_____	<p>3. ANIMALS (Sec. 7)</p> <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> <p>4. LAUNDRY (Sec.15)</p> <p>a) In day care centers, laundry may not be done in activity or food areas.</p> <p>b) Soiled laundry in nonabsorbent, cleanable covered containers.</p> <p>c) Soiled and clean laundry separated.</p> <p>d) Clean laundry stored protected.</p> <p>e) Laundry mech. washed & dried; or mech. washed, sanitized, air-dried.</p> <p style="text-align: center;">SEE REVERSE SIDE</p>
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ITEM	REMARKS
	<u>STAINED Ceil. Tiles need repair</u>
	<u>INSIDE Light shoe is need repair</u>
	<u>Floor in bathroom + ceiling corner need repair</u>
	<u>Not all toilets working at time of inspection - some turned off valves no. of bulbs</u>

VIOLATIONS MUST BE CORRECTED ON OR BEFORE _____

[Signature]
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 2 PRIORITY FOUNDATION 0 CORE 1 TOTAL 3

ESTABLISHMENT: Leasin - bees / 2 food PERMIT NO.: DATE: 12-17-14
ADDRESS: 120 Eagle School Rd CITY: mtz STATE: WV ZIP:
PERSON IN CHARGE/TITLE: X Ann M. Rivera TELEPHONE:
RECEIVED BY (SIGNATURE): X Ann M. Rivera SANITARIAN (SIGNATURE): [Signature]
INSPECTION TYPE: ROUTINE [X] FOLLOW-UP [] COMPLAINT [] OTHER: [] TIME: 10:30

Table with 5 columns: Corrected, Priority, Repeat, Code Reference, Violation Description/Remarks/Corrections. Contains handwritten entries for SNAP trap, sanitizer, and spray bottle violations.

Table with 8 columns: Unit/Location/Item, Temp/PPM. Contains handwritten entry for Cooler at 32.