



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON	GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular <input checked="" type="checkbox"/>	2	7/14/16	DOL'S DAY CARE & PRE-SCHOOL (B)
Follow-Up <input type="checkbox"/>		Time In/Out:	OWNER/OPERATOR:
Complaint <input type="checkbox"/>	RATING	2:00 2:50	DOL'S DAY CARE LLC
Investigation <input type="checkbox"/>		A	Sanitary Permit No.:
Other: <input type="checkbox"/>	20000-160002476		BARRIGADA HTS.
			CCL / NURSEKEY
			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired

No. of Children: 34 Male 23 Female 57 Total Child Care License: No. 0081-1211 Valid / / Provisional / / Expired

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED. PREVIOUS INSPECTION CONDUCTED ON 4/26/16 (4.A) THE FOLLOWING WAS OBSERVED:		
#31	PLAYGROUND TABLE IN DISREPAIR. ALL FACILITIES AND EQUIPMENT SHALL BE MAINTAINED AND IN GOOD REPAIR	2	
	"A" PLACARD # 02352 ISSUED		
	BRIEFED PIC KATHERINE QWAN ON ABOVE		

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection: (2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).	Received By (Name & Title): <i>KATHERINE QWAN</i> OWNER/DIRECTOR
	DEH Inspector (Name & Title): <i>JURVZ BRADY</i>