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

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular	✓	G	8/23/16	THE YOUNG BELIEVERS CREATIVE CENTER
Follow-Up			Time In/Out:	OWNER/OPERATOR:
Complaint			10:00 / 10:45	SAN NICOLAS, CORAZON H
Investigation		RATING		LOCATION: DEDEDO / Establishment Type: CCC/NURSERY
Other:		A	Sanitary Permit No.: ~~20000~~ 160002070	PERMIT STATUS: ✓ Valid ___ Temporary ___ Expired
No. of Children: 7 Male 7 Female 14 Total				Child Care License: No.: 160089 ✓ 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 ON 6/21/16 (2,A)		
	THE FOLLOWING WAS OBSERVED:		
#21	NO HOT WATER PROVIDED	6	9/2/16
	HOT WATER SHALL BE PROVIDED		
	"A" PLACARD # 02007		
	BRIEFED PIC CORAZON SAN NICOLAS 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): Owner 8-23-16

DEH Inspector (Name & Title): James CRUZ EPHO I