DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

CHILD CARE FACILITY INSPECTION REPORT

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular	✓	Ø	8/2/16	URMENETA, ROSALINA A
Follow-Up			Time In/Out: 2:00 / 2:30	OWNER/OPERATOR: URMENETA, ROSALINA A
Complaint				LOCATION: DEDEDO / Establishment Type: FDCH
Investigation		RATING	Sanitary Permit No.: 20000 / 10000586	
Other:		N/A		PERMIT STATUS: ✓ Valid ____ Temporary ____ Expired

No. of Children: 2 Male 2 Female 2 Total

Child Care License: No.: N/A / / 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 CONDULTED.		
	PREVIOUS INSPECTION ON 4/25/16.		
	THE FOLLOWING WAS OBSERVED:		
#13	NO PAPER TOWEL PROVIDED FOR RESTROOM	COS	
	PAPER TOWEL SHALL BE PROVIDED		
	BRIEFED PIC URMENETA, ROSALINA A ON		
	ABUSE.		

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): [signature]

DEH Inspector (Name & Title): JAMES CRUZ [signature] IEPH01