DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

CHILD CARE FACILITY INSPECTION REPORT

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular	✓	1	9/27/16	SANCTUARY FEMALE EMERGENCY SHELTER
Follow-Up			Time In/Out:	OWNER/OPERATOR:
Complaint			9:30 / 10:30	SANCTUARY INC.
Investigation		RATING		LOCATION: CHALAN PAGO / Establishment Type: FOOD
Other:		A	Sanitary Permit No.: 20000160002223	PERMIT STATUS: ✓ Valid ___ Temporary ___ Expired
No. of Children: 0 Male 1 Female 1 Total				Child Care License: No.: 15004 ✓ 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 ~~8/17/16~~ 6/12/16		
13	NO PAPER TOWELS PROVIDED IN BATHROOMS.	1	10/27/16
	PAPER TOWELS SHALL BE PROVIDED FOR ALL		
	TOILET FACILITIES.		
	'A' PLACARD # D1712 ISSUED.		
	BRIEFED PIC JEANETTE TENORIO 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): Jeanette Tenorio [signature] 9/27/16

DEH Inspector (Name & Title): J. CRUZ EPHO I [signature] J. GARCIA EPHO I

White Copy - DEH Yellow Copy - Establishment