DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

CHILD CARE FACILITY INSPECTION REPORT

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular		Ø	08/31/2016	CSS - ALEE SHELTER FOR ABUSED CHILDREN
Follow-Up	✓		Time In/Out:	OWNER/OPERATOR:
Complaint			12:30 / 12:55	CATHOLIC CHARITIES OF THE DIOCESE OF AGANA
Investigation		RATING		LOCATION: TAMUNING / Establishment Type: FOSTER GROUP DAY CARE
Other:		A	Sanitary Permit No.: ~~20000~~ 160002817	PERMIT STATUS: ✓ Valid ____ Temporary ____ Expired
No. of Children: 2 Male 10 Female 12 Total				Child Care License: No.: 160085 / ✓ 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 FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 08/16/2016. ALL PREVIOUS VIOLATIONS (ITEMS # 13, 17, AND 31) WERE CORRECTED AND NO NEW VIOLATION WAS OBSERVED TODAY.		
	PICTURES OF THE INSPECTION WERE TAKEN.		
	REPLACED "Q" PLACARD WITH "A" PLACARD NO. 01791.		
	BRIEFED PIC, JO BRUB, 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): JO M. BRUB / [signature] 8/31/16

DEH Inspector (Name & Title): LEILANI NAVARRO, EPHO I [signature]

Rev: 08/2/05
DEH-06

White Copy - DEH Yellow Copy - Establishment