



**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	7/29/16	LITTLE ONE'S CHILD CARE CENTER	
Follow-Up <input type="checkbox"/>		Time In/Out:	OWNER/OPERATOR:	
Complaint <input type="checkbox"/>	A	10:00	BSPINUSA, ARLYN A.	
Investigation <input type="checkbox"/>		RATING	LOCATION:	Establishment Type:
Other: <input type="checkbox"/>		Sanitary Permit No.: 20000-10002852	DEPEDO	CCC/NURSERY
PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired				
No. of Children: 21 Male 23 Female 43 Total			Child Care License No.: 004-081- 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 5/5/16 (4, A)		
	THE FOLLOWING WAS OBSERVED:		
#25	LIGHTS IN DISREPAIR IN HANDICAPPED RESTROOM		
	ADDITIONAL ARTIFICIAL LIGHTING SHALL BE PROVIDED	2	8/26/16
	"A" PLACARD # 02163		
	BRIEFED PIC GLORIA BALVINON ON ABOVE		

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

<p>*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).</p>	<p>Received By (Name & Title): <i>[Signature]</i> DEH Inspector (Name & Title): <i>[Signature]</i> DEPHO1</p>
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