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

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular	✓	Ø	5/2/16	M.G. HUPFER ADVENTURES INLEARNING CHILDREN
Follow-Up			Time In/Out: 2:00 / 2:45	OWNER/OPERATOR: M. G. HUPFER INC.
Complaint				
Investigation		RATING		LOCATION: YONA / Establishment Type: CCC/NURSERY
Other:		A	Sanitary Permit No.: ~~20000~~- 150001877	PERMIT STATUS: ✓ Valid ___ Temporary ___ Expired
No. of Children: 21 Male 13 Female 34 Total				Child Care License: No.: 150071 / ☒ 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 2/18/16 (Ø, A)		
	THE FOLLOWING WAS OBSERVED:		
	NO VIOLATIONS		
	"A" PLACARD # 02128 ISSUED		
	BRIEFED PIC MAGGIE HUPFER 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): Maggie Hupfer Director

DEH Inspector (Name & Title): J. CRUZ EPHOL

Rev: 08/2/05
DEH-06

White Copy - DEH Yellow Copy - Establishment