DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

CHILD CARE FACILITY INSPECTION REPORT

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular	✓	Ø	05/27/2016	PNG CHILD CARE & LEARNING CENTER
Follow-Up			Time In/Out:	OWNER/OPERATOR:
Complaint			4:01 / 5:10	PNG INC. ESTELA GAPAS
Investigation		RATING		LOCATION: TAMUNING / Establishment Type: CHILD CARE CENTER/NURSERY
Other:		A	Sanitary Permit No.: ~~20000~~ 150000717	PERMIT STATUS: ✓ Valid ____ Temporary ____ Expired

No. of Children: 20 Male 23 Female 43 Total

Child Care License: No.: 150017 /✓/ 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 TODAY. THE PREVIOUS		
	INSPECTION DATED 03/10/2016 YIELDED A GRADE/RATING OF		
	Ø/A. THE FOLLOWING WAS OBSERVED TODAY:		
	NO VIOLATIONS.		
	BRIEFED RINA PELAYO, DIRECTRESS, 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): RINA M. PELAYO Director

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