DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

CHILD CARE FACILITY INSPECTION REPORT

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular	✓	6	08/03/2016	THE GIVING TREE EARLY LEARNING CENTER
Follow-Up			Time In/Out: 9:30 / 11:20	OWNER/OPERATOR: TAMONDONG, JIM & MAELONIE
Complaint				
Investigation		RATING		LOCATION: Yigo / Establishment Type: CHILD CARE CENTER/NURSERY
Other:		A	Sanitary Permit No.: ~~20000~~ 160001707	PERMIT STATUS: ✓ Valid ___ Temporary ___ Expired
No. of Children: 6 Male 4 Female 10 Total				Child Care License: No.: 160100 / ✓ 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 QUARTERLY INSPECTION WAS CONDUCTED TODAY		
	NO PREVIOUS INSPECTION WAS CONDUCTED AS THE ESTA-		
	BLISHMENT JUST OPENED ON MAY, 9, 2016. THE FOLLOW-		
	ING WAS OBSERVED TODAY:		
40	NO VALID HEALTH CERTIFICATE FOR MAELONIE TAMONDONG	6	08/13/16
	(DOB: 06/03/87)		
	CURRENT HEALTH CERTIFICATE SHALL BE VALID AND		
	POSTED.		
	DISCUSSED THIS INSPECTION REPORT WITH DIRECTOR,		
	RICHELLE CABIGTING.		

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): Richelle Cabigting, Director

DEH Inspector (Name & Title): LEILANI NANASAN, EHTO I