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

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular	✓	Ø	12/5/17	ABC SOUTHERN PRE-SCHOOL
Follow-Up			Time In/Out:	OWNER/OPERATOR:
Complaint			2:50 pm / 3:30 pm	PAULINO, ARLENE T
Investigation		RATING		LOCATION: IPAN / Establishment Type: CCC / NURSERY
Other:		A	Sanitary Permit No: 20000 17003260	PERMIT STATUS: ✓ Valid ___ Temporary ___ Expired

No. of Children: 5 Male 0 Female 5 Total | Child Care License: No.: 120165 / ✓ 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*	REMARK	DEMERIT	CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED.		
	NO PREVIOUS INSPECTION WAS CONDUCTED.		
	THE FOLLOWING WAS OBSERVED:		
	NO VIOLATIONS		
	"A" PLACARD # 02620		
	BRIEFED PIC 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): Marissa Sanchez, Director

DEH Inspector (Name & Title): J. CRUZ EPHO I

Rev: 08/2/05
DEH-06

White Copy - DEH Yellow Copy - Establishment