



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

REASON	GRADE	Inspection Date: <u>11/29/17</u>	ESTABLISHMENT NAME: <u>THE GIVING TREE CHILDREN'S ACADEMY</u>	
Regular <input checked="" type="checkbox"/>	<u>Ø</u>	Time In/Out: <u>3:30pm</u> <u>4:20pm</u>	OWNER/OPERATOR: <u>TAMONDONG, MAELONIE</u>	
Follow-Up <input type="checkbox"/>			LOCATION: <u>DEDEDO</u>	Establishment Type: <u>CC/NURSERY</u>
Complaint <input type="checkbox"/>	RATING <u>A</u>	Sanitary Permit No.: <u>20000-11003022</u>		PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired
Investigation <input type="checkbox"/>			No. of Children: <u>9</u> Male <u>14</u> Female <u>23</u> Total	
Other: <input type="checkbox"/>				

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 CONDUCTED ON 9/21/17 (QA)		
	THE FOLLOWING WAS OBSERVED:		
	NO VIOLATIONS.		
	A PLACARD No. 03021		
	BRIEFED ALL MAELONIE TAMONDONG		

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): [Signature]
 DEH Inspector (Name & Title): J. CRUZ EYADU