DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

CHILD CARE FACILITY INSPECTION REPORT

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular	✓	1	7/4/16	SALAN FINA NA GUEN FINO CHAMORU [illegible]
Follow-Up			Time In/Out:	OWNER/OPERATOR:
Complaint			1:00 / 2:00	SALAN FINA NA GUEN FINO CHAMORU
Investigation		RATING		LOCATION: DEDEDO / Establishment Type: CCC/NURSERY
Other:		A	Sanitary Permit No.: 20000-16000212	PERMIT STATUS: ✓ Valid ____ Temporary ____ Expired
No. of Children: 14 Male 17 Female 31 Total				Child Care License: No. 12552 ✓ 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 CONDUCTED ON		
	2/24/16 (Ø,A)		
	THE FOLLOWING WAS OBSERVED:		
#13	NO PAPER TOWEL PROVIDED IN RESTROOMS.		
	PAPER TOWEL SHALL BE PROVIDED	1	8/11/16
	"A" PLACARD # 09241 ISSUED		
	BRIEFED PIC JULIA MANGUSON 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): [signature]

DEH Inspector (Name & Title): JERUZ BRITO / [signature]