DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

CHILD CARE FACILITY INSPECTION REPORT

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular	✓	Ø	7/12/16	GIGGLES & SCRIBBLES CHILD CARE CENTER
Follow-Up			Time In/Out: 2:45 / 3:30	OWNER/OPERATOR: GIGGLES & SCRIBBLES CHILD CARE CENTER
Complaint				LOCATION: TAMUNING / Establishment Type: CCC/NURSERY
Investigation		RATING	Sanitary Permit No.: ~~20000-~~ 16000159	PERMIT STATUS: ✓ Valid ____ Temporary ____ Expired
Other:		A		
No. of Children: 24 Male 9 Female 33 Total				Child Care License: No.: 160104 / ✓ 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 ON 4/19/16 (10, A)		
	THE FOLLOWING WAS OBSERVED:		
	NO VIOLATIONS		
	'A' PLACARD #01950		
	BRIEFED PIC ARVI PARAGAS 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] Director

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

White Copy - DEH Yellow Copy - Establishment