



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

REASON	GRADE	Inspection Date:	ESTABLISHMENT NAME:	
Regular <input checked="" type="checkbox"/>	4	7/13/16	PORTLY LAND CHILDREN'S CENTER	
Follow-Up <input type="checkbox"/>		Time In/Out:	OWNER/OPERATOR:	
Complaint <input type="checkbox"/>	A	2:00 3:00	RARE INC.	
Investigation <input type="checkbox"/>		RATING	LOCATION:	Establishment Type:
Other: <input type="checkbox"/>		Sanitary Permit No.: 20000-1600 25207	SINAIANA	CCC/NURSERY
			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired	

No. of Children: 10 Male 10 Female 20 Total Child Care License: No. 003115 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 5/31/16 (6,A) THE FOLLOWING WAS OBSERVED		
#17	PAINT PEELING THROUGHOUT ALL WALLS SHALL BE MAINTAINED IN GOOD REPAIR	2	
#31	DITCH IN PLAYGROUND AREA. ALL AREAS SHALL BE MAINTAINED AND IN GOOD REPAIR.	2	
	AS PLACED #02109		
	BRIEFED PIC JEAN AWA ON ABOVE		

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

<p>*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).</p>	<p>Received By (Name & Title): <i>[Signature]</i> Director DEH Inspector (Name & Title): <i>[Signature]</i> DEH I</p>
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