DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

CHILD CARE FACILITY INSPECTION REPORT

REASON	✓	GRADE	Inspection Date: 8/15/16	ESTABLISHMENT NAME: MONTESSORI LEARNING CENTER
Regular	✓	Ø	Time In/Out: 9:15 / 10:00	OWNER/OPERATOR: GUAM MONTESSORI, INC.
Follow-Up				LOCATION: HARMON / Establishment Type: CCC/NURSERY
Complaint				
Investigation		RATING A	Sanitary Permit No.: 20000-160002234	PERMIT STATUS: ✓ Valid ____ Temporary ____ Expired
Other:				

No. of Children: 21 Male 15 Female 36 Total | Child Care License: No.: 150045 ✓ 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 5/11/16 (0, A)		
	THE FOLLOWING WAS OBSERVED:		
	NO VIOLATIONS		
	"A" PLACARD #02353 ISSUED		
	BRIEFED PIC CHONA DOMINGO 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): Director

DEH Inspector (Name & Title): JAMES CRUZ EPHO I