DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

CHILD CARE FACILITY INSPECTION REPORT

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular	✓	NA	8/2/16	EATON, DAMINA
Follow-Up			Time In/Out:	OWNER/OPERATOR:
Complaint			10:00 / 10:15	EATON, DAMINA
Investigation		RATING		LOCATION: YIGO — Establishment Type: FDCH
Other:		NA	Sanitary Permit No.: ~~20000-~~ 160003279	PERMIT STATUS: ✓ Valid ___ Temporary ___ Expired

No. of Children: 0 Male 1 Female 1 Total

Child Care License: No.: NA / / 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 4/26/16.		
	NO VIOLATIONS		
	BRIEFED PIC DAMINA EATON 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): Damina N Eaton

DEH Inspector (Name & Title): James CRUZ [signature] 12PH01

Rev: 08/2/05
DEH-06

White Copy - DEH Yellow Copy - Establishment