



**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"/>	6	7/25/16	NENE CHILD CARE CENTER	
Follow-Up	<input type="checkbox"/>		Time In/Out:	OWNER/OPERATOR:	
Complaint	<input type="checkbox"/>	RATING	9:30   3:15	SORIANO, DORIS T.	
Investigation	<input type="checkbox"/>		B	Sanitary Permit No.:	LOCATION:
Other:	<input type="checkbox"/>	20000-160003261		MANGILAO	CCC/NURSERY
			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		

No. of Children: 11 Male 19 Female 30 Total      Child Care License: No.: LG0045  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 5/17/16 (6, A)		
	THE FOLLOWING WAS OBSERVED:		
#24	NO THERMOMETER PROVIDED FOR KITCHEN REFRIGERATOR.		
	THERMOMETER SHALL BE PROVIDED TO ENSURE PROPER STORAGE OF FOOD AND TO PREVENT CONTAMINATION	6	8/4/16
	* REPEAT VIOLATION *		
	'A' PLACARD #02002 REMOVED		
	'B' PLACARD # 00250 ISSUED		
	BRIEFED PIC JOSEPH SORIANO 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] 7/25/16  
 DEH Inspector (Name & Title): J. CRUZ BPO I