**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**
**DIVISION OF ENVIRONMENTAL HEALTH**

# CHILD CARE FACILITY INSPECTION REPORT

| REASON | | GRADE | Inspection Date: | ESTABLISHMENT NAME: |
|---|---|---|---|---|
| Regular | ✓ | N/A | 5/2/16 | ABC FAMILY DAY CARE HOME |
| Follow-Up | | | Time In/Out: | OWNER/OPERATOR: |
| Complaint | | | 3:00 / 3:30 | PAULINO, ARLENE |
| Investigation | | RATING | | LOCATION: TALOFOFO / Establishment Type: FDCA |
| Other: | | N/A | Sanitary Permit No.: ~~20000~~-150003022 | PERMIT STATUS: X Valid ___ Temporary ___ Expired |

No. of Children: 3 Male 3 Female 6 Total

Child Care License: No.: 100066 /X/ 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 | | |
| | 2/18/16 | | |
| | THE FOLLOWING WAS OBSERVED: | | |
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| | NO VIOLATIONS | | |
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| | BRIEFED DIC ARLENE PAULINO ON ABOVE | | |
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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): Arlene T. Paulino Provider

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

Rev: 08/2/05
DEH-06

White Copy - DEH Yellow Copy - Establishment