



**CHILD CARE INSPECTION REPORT FORM**

Facility \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_

Phone \_\_\_\_\_  
Contact \_\_\_\_\_  
Email \_\_\_\_\_

|                          |                    |
|--------------------------|--------------------|
| <input type="checkbox"/> | Routine            |
| <input type="checkbox"/> | Follow-Up          |
| <input type="checkbox"/> | Pre-Operational    |
| <input type="checkbox"/> | Complaint          |
| <input type="checkbox"/> | Yr of Construction |

County \_\_\_\_\_ Firm ID \_\_\_\_\_ Inspector \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Travel Time \_\_\_\_\_ Inspect Time \_\_\_\_\_

Items marked "Out" below identify violations to be corrected as indicated by the regulatory authority. **\*Critical violations, indicated in red and with an asterisk, shall be corrected immediately or no later than the time specified by the regulatory authority.** Failure to comply may result in further action by the regulatory authority.

| In                                          | Out                      | NA                       | NO                       | Violations                              |
|---------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------|
| <b>7.3 Building Design</b>                  |                          |                          |                          |                                         |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3A - Construction Approval              |
| <b>7.6 Premises</b>                         |                          |                          |                          |                                         |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6A - Grounds Maintained                 |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6B - Grounds Hazards*                   |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6C - Solid Waste                        |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6D - Pools, Hot Tubs & Swim Areas*      |
| <b>7.7 Facility</b>                         |                          |                          |                          |                                         |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7A - Building Hazards Controlled*       |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7B - Building                           |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7C - Detached Modular Classrooms        |
| <b>7.8 Sanitary Facilities and Controls</b> |                          |                          |                          |                                         |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8A - Safe Water Supply*                 |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8B - Water System Design/Testing        |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8C - Drinking Water Access*             |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8D - Hot Water Supply*                  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8E - Sewage*                            |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8F - Plumbing                           |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8G - Toilet Facilities                  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8H - Handwashing Access and Supplies*   |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8I - Toileting Hygiene*                 |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8J - Handwashing/Bathing Facilities     |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8K - Custodial Areas                    |
| <b>7.9 Interior Design</b>                  |                          |                          |                          |                                         |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9A - Personal Belongings                |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9B - Play Equipment                     |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9C - Napping Sleeping Areas & Equipment |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9D - Transmission from Common Surfaces* |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9E - Toys, Furnishings & Equipment      |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9F - Injured Child Area*                |
| <b>7.10 Disease Prevention</b>              |                          |                          |                          |                                         |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10A - Personal Health*                  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10B - Demonstration of Knowledge        |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10C - Handwash & Hygienic Practices*    |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10D - Medication and First Aid*         |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10E - Sanitizers*                       |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10F - Disinfectants*                    |

Violations not indicated as critical are marked out only if they have been evaluated and were found to be out of compliance. If these violations are left blank they were either not in violation or not observed at the time of this inspection.

ENVIRONMENTAL HEALTH SPECIALIST:

| In                                      | Out                      | NA                       | NO                       | Violations                           |               |     |
|-----------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|---------------|-----|
| <b>7.11 Food Service</b>                |                          |                          |                          |                                      |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11A - Adequate Facilities*           |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11B - Critical Requirements*         |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11C - Non-Critical Requirements      |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11D - Plumbing*                      |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11E - Ventilation                    |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11F - Cooking and Holding Equipment  |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11G - Refrigeration                  |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11H - Domestic Equipment             |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11I - Operational Requirements*      |               |     |
| <b>7.12 Infant and Toddler Programs</b> |                          |                          |                          |                                      |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12A - Personal Items and Bedding     |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12B - Staff Clothing for Infant Care |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12C - Feeding*                       |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12D - Diapering*                     |               |     |
| <b>7.13 Care of Animals</b>             |                          |                          |                          |                                      |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13A - General Care of Animals        |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13B - Prohibited Animals*            |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13C - Animal Bite Control            |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13D - Enclosures                     |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13E - Child Participation*           |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13F - Designated Animal Areas        |               |     |
| <b>7.14 Toxic Materials Management</b>  |                          |                          |                          |                                      |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14A - Insect and Rodent Control*     |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14B - Poisonous or Toxic Materials*  |               |     |
| Radon Testing Results                   |                          | <input type="checkbox"/> | <input type="checkbox"/> | pCi/L                                | Premitigation | Y/N |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14C - Art and Science Materials*     |               |     |
| <b>7.15 Compliance Procedures</b>       |                          |                          |                          |                                      |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15A - Critical Enforcement*          |               |     |
| <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15B - Non-critical Enforcement       |               |     |

|                                 |              |
|---------------------------------|--------------|
| Compliance Verification Method: |              |
| On-Site Follow Up:              | Yes No       |
| Compliance Letter:              | Yes No       |
| CIVCS:                          | Yes No       |
| Licensing Recommendation:       | Approve/Deny |

**KEY**  
In Item in compliance with regulations at the time of inspection.  
Out Item out of compliance with regulations at time of inspection.  
NA (Not Applicable) - This section of the regulation is not applicable to the child care facility.  
NO (Not Observed) - This section of the regulations was not in action and could not or was not observed at the time of the inspection.

RECEIVED BY: