

Child Care Inspection Report Form



Facility: _____
 Address: _____
 City/Zip: _____

Phone: _____
 Contact: _____
 Email: _____

Month	Day	Year	Travel Time	Inspect Time

Record ID	
County	
EH Specialist	
CDHS License	

Routine	
Follow-Up	
Pre-Operational	
Complaint	
Year of Construction	

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.

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.

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

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 violation or not observed at the time of this inspection.

Violations				
7.11 Food Service	In	Out	NA	NO
11A Adequate Facilities*	<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"/>		
11D Plumbing*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11E Ventilation		<input type="checkbox"/>		
11F Cooking and Holding Equipment		<input type="checkbox"/>		
11G Refrigeration		<input type="checkbox"/>		
11H Domestic Equipment		<input type="checkbox"/>		
11I Operational Requirements*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.12 Infant Toddler Programs	In	Out	NA	NO
12A Personal Items and Bedding		<input type="checkbox"/>		
12B Staff Clothing for Infant Care		<input type="checkbox"/>		
12C Feeding*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12D Diapering*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.13 Care of Animals	In	Out	NA	NO
13A General Care of Animals		<input type="checkbox"/>		
13B Prohibited Animals	<input type="checkbox"/>	<input type="checkbox"/>		
13C Animal Bite Control		<input type="checkbox"/>		
13D Enclosures		<input type="checkbox"/>		
13E Child Participation*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13F Designated Animal Areas		<input type="checkbox"/>		
7.14 Toxic Materials Management	In	Out	NA	NO
14A Insect and Rodent Control*	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
14B Poisonous or Toxic Materials*	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Radon Testing Results		3.4	pCi/L	
Premitigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
14C Art and Science Materials*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.15 Compliance Procedures	In	Out	NA	NO
15A Critical Enforcement	<input type="checkbox"/>	<input type="checkbox"/>		
15B Non-Critical Enforcement		<input type="checkbox"/>		
Compliance Verification Method:				
On-Site Follow Up:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Civics:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Licensing Recommendation:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	<input type="checkbox"/> Pending	

Comments:

Environmental/Public Health Specialist: _____

Received By: _____