

CHILD CARE CENTER INSPECTION REPORT

INSPECTION TYPE	
<input type="checkbox"/>	Initial Application
<input type="checkbox"/>	Conversion
<input type="checkbox"/>	Mandatory Review
<input type="checkbox"/>	Full
<input type="checkbox"/>	Complaint Investigation
<input type="checkbox"/>	Monitoring
<input type="checkbox"/>	Other

INSPECTION CODES
(C) - In Compliance
(D) - Discussed
(N) - Not in Compliance
(X) - Not Inspected
(NA) - Not Applicable

Approved Capacity			
AGES	Licensed for	# Enrolled	# Present
6 wks - 17mos	N	0	0
18 mos - 23 mos	N	0	0
2's	N	0	0
3's	N	0	0
4's	N	0	0
5's (pre-school)	N	0	0
5-15 (school-age)	N	0	0
TOTAL			
Overnight	N	0	0
Head Start	XXXXXXX		XXXXXX

NURSERY SCHOOL: Y N TIER _____

HEAD START PROGRAM: Y N

ACCREDITED: Y N

ACCREDITING ORGANIZATION _____

EXP. DATE: _____
Mo Day Year

WORKER'S COMPENSATION INSURANCE COVERAGE: Y N

EXP. DATE: _____
Mo Day Year

OPERATOR NAME: _____

JURISDICTION: _____ REGION: _____

FACILITY NAME: _____

LICENSE #: _____

ADDRESS: _____

INSPECTION DATE/TIME: _____

TELEPHONE: _____

PERSON(S) INTERVIEWED: _____

E-MAIL: _____

TITLE(S): _____

PART 1 - MANDATORY REVIEW ITEMS

- INSTRUCTIONS:** (1) Review each regulation that applies to the inspection being conducted.
 (2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.
 (3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

- ___ .02.01D License Conspicuously Displayed
- ___ .03.05B Staffing Pattern Posted
- ___ .03.06A Notification of New Employee
- ___ .04.01 Capacity
- ___ .05.01A Building Safety
- ___ .05.08B Sanitary Facilities and Supplies
- ___ .05.11 General Cleanliness
- ___ .05.12 Outdoor Activity Area
- ___ .06.05C Director – Continued Training
- ___ .06.09B Preschool Teacher – Continued Training
- ___ .06.10C School-age Teacher – Continued Training
- ___ .06.11C Asst. Teacher – Continued Training
- ___ .06.12A(3)-(4) Aides – Continued Training
- ___ .07.02 Abuse and Neglect Reporting

- ___ .07.06 Child Security
- ___ .08.01A Child Supervision
- ___ .08.02B Qualified Staff in Charge of Groups
- ___ .08.03 Group Size and Staffing
- ___ .08.07 Playground Supervision
- ___ .08.08 Rest Time Supervision
- ___ .09.04F No Soft Bedding with Cribs
- ___ .10.01A(4) Emergency Escape Route Posted
- ___ .10.01C Emergency Contact Information
- ___ .10.03 Safe Use of Materials and Equipment
- ___ .10.04 Potentially Hazardous Items
- ___ .10.05 Rest Time Safety
- ___ .12.04A Food Safety

PART 2 – GENERAL COMPLIANCE REVIEW

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under this Part 2.

CHAPTER 02 LICENSE APPLICATION & MAINTENANCE

- ____.03C Continuing license
- ____.04B Conditional status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

- ____.01 Multi-site facilities
- ____.02 Admission to care
- ____.03 Program records
- ____.04 Child records
- ____.05 Staff records
- ____.06 Notifications [exc. A]
- ____.07 Change of operation
- ____.08 Variances

CHAPTER 04 OPERATIONAL REQUIREMENTS

- ____.02 Enrollment and Attendance

CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT

- ____.01 Building Safety [exc. A]
- ____.02 Accessibility
- ____.03 Indoor Space
- ____.04 Building Repair and Maintenance
- ____.05 Lead-Safe Environment
- ____.06 Ventilation and Temperature
- ____.07 Water Supply
- ____.08 Sanitary Facilities and Supplies [exc. B]
- ____.09 Lighting
- ____.10 Telephone and Communication
- ____.13 Swimming Facilities

CHAPTER 06 STAFF REQUIREMENTS

- ____.01 Minimum Staff Age
- ____.02 Staff Orientation
- ____.03 Suitability for Employment
- ____.04 Staff Health
- ____.05 Directors of All Child Care Centers [exc. C]
- ____.06 Directors – Preschool Centers
- ____.07 Directors – School Age Centers
- ____.08 Directors – Combined Age Centers
- ____.09 Child Care Teachers – Preschool [exc. B]
- ____.10 Child Care Teachers – School Age [exc. C]
- ____.11 Assistant Child Care Teachers [exc. C]
- ____.12 Aides [exc. A(3)-(4)]
- ____.13 Substitutes
- ____.14 Support Personnel
- ____.15 Volunteers

CHAPTER 07 CHILD PROTECTION

- ____.01 Prohibition of Abuse, Neglect, Injurious Treatment
- ____.03 Child Discipline
- ____.04 Parental Access
- ____.05 Authorized Release

CHAPTER 08 CHILD SUPERVISION

- ____.01 Individualized Attention/Care [exc. A]
- ____.02 Supervision by Qualified Staff [exc. B]
- ____.04 Variations in Group Size
- ____.05 Supervision during Water Activities
- ____.06 Supervision during Transportation

PART 2 – GENERAL COMPLIANCE REVIEW (continued)

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

CHAPTER 09 PROGRAM REQUIREMENTS

- ____.01 Schedule of Daily Activities
- ____.02 Activity Plans for Infants and Toddlers
- ____.03 Activity Materials, Equipment, Furnishings
- ____.04 Rest Furnishings [exc. F]
- ____.05 Infant and Toddler Equipment
- ____.06 Storage

CHAPTER 10 SAFETY

- ____.01 Emergency Safety Requirements [exc. A(4) & C]
- ____.02 First Aid/CPR
- ____.06 Transportation

CHAPTER 11 HEALTH

- ____.01 Exclusion for Acute Illness
- ____.02 Infectious and Communicable Diseases
- ____.03 Preventing Spread of Diseases
- ____.04 Medication Administration/Storage
- ____.05 Smoking
- ____.06 Alcohol and Drugs

CHAPTER 12 NUTRITION

- ____.01 Food Service
- ____.02 Modified Diet
- ____.03 Food Sources
- ____.04 Food Storage and Preparation [exc. A]
- ____.05 Food Preparation Area and Equipment
- ____.06 Infant Feeding

CHAPTER 13 CENTERS FOR CHILDREN WITH ACUTE ILLNESS

- ____.03 Approved Plan of Operation
- ____.04 Director Requirements
- ____.05 Use of Health Consultant

CHAPTER 14 ADOLESCENT CENTERS

- ____.01 Approved Plan

CHAPTER 15 DROP-IN CENTERS

- ____.04 Approved Plan
- ____.06 Admission Requirements

CHAPTER 16 EDUCATIONAL PROGRAMS

- ____.06 Personnel Qualifications
- ____.07 Educational Program
- ____.08 Child Record
- ____.09 Health, Fire Safety, Zoning

CHAPTER 17 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

- ____.02 Inspections

Signature of Facility Representative

Signature of Agency Representative

Date

Summary of Findings – PART 1

OPERATOR NAME:	_____	JURISDICTION:	_____	REGION:	_____
CENTER NAME:	_____	LICENSE #:	_____		
ADDRESS:	_____	INSPECTION DATE/TIME:	_____		
TELEPHONE:	_____	PERSON(S) INTERVIEWED:	_____		
E-MAIL:	_____	VISIT TYPE:	_____		
		DURATION (MINUTES):	_____		

Total number of regulations not in compliance: 0 Total number of regulations discussed: 0

I request a review of findings. N Y
Review requested for the following regulation(s):

Inspection results have been reviewed with me and will be: e-mailed to _____
 mailed

Signature of Facility Representative _____ Date _____
Signature of Agency Representative _____

Summary of Findings - PART 2

REGULATION(S) NOT IN COMPLIANCE:

NOTE: Failure to correct violation(s) listed below may result in sanctions being imposed or in the suspension or revocation of your license.

REGULATION NUMBER	REGULATION TEXT	COMMENTS	ADDITIONAL COMMENTS	DATE CORRECTED
		No Noncompliances Found		

Signature of Facility Representative _____

Signature of Agency Representative _____

Date _____

Summary of Findings – PART 3

REGULATION(S) DISCUSSED:

REGULATION NUMBER	REGULATION TEXT	COMMENTS	ADDITIONAL COMMENTS

Signature of Facility Representative

Signature of Agency Representative

Date

Summary of Findings – PART 4

Remarks:

Signature of Facility Representative

Signature of Agency Representative

Date