



PANHANDLE HEALTH DISTRICT  
 8500 N Atlas Rd, Hayden, ID 83835  
 Phone: (208) 415-5200 FAX 415-5201

# Child Care Health Standards Inspection

ICCP <input type="checkbox"/>	ICCP-STATE <input type="checkbox"/>	ICCP-CITY <input type="checkbox"/>	STATE ONLY <input type="checkbox"/>	CITY ONLY <input type="checkbox"/>	FAMILY <input type="checkbox"/>	CENTER <input type="checkbox"/>	RELATIVE <input type="checkbox"/>	GROUP <input type="checkbox"/>
FACILITY #		EHS#	PHONE #		Provider's Email:			
FACILITY NAME:				PROVIDER NAME:				
ADDRESS:				CITY/ST./ZIP				
ACTIVITY:	<input type="checkbox"/> INITIAL INSP	<input type="checkbox"/> ANNUAL INSP	<input type="checkbox"/> FOLLOW-UP	<input type="checkbox"/> INVESTIGATION	<input type="checkbox"/> RANDOM	INSP. TIME: (MIN.)		
INSPECTION DATE:		FOLLOW-UP DUE DATE: ON-SITE			VCR:	TRAVEL TIME: (MIN.)		
# OF CHILDREN PRESENT:	# OF PROVIDER'S CHILDREN:	# OF STAFF:	EMP./ CHILD RECORDS EDUCATION <input type="checkbox"/>		CPSC EDUCATION PROVIDED <input type="checkbox"/>			
The items marked with an "x" identify the violations or problems that need to be corrected.						Child Care Health Consultant Referral? Y <input type="checkbox"/> N <input type="checkbox"/>		
	Description	X	Comments/Correction Required				Date Corrected	
1	PROVIDER AGE / SUPERVISION							
2	PEDIATRIC RESCUE BREATHING CPR/FA							
3	CHILD-STAFF RATIO							
4	STAFF/CHILDREN EXCLUDED WHEN ILL							
5	IMMUNIZATION RECORDS		# Enrolled:(includes provider's children)					
6	EMERGENCY COMMUNICATION							
7	SMOKE DETECTOR, FIRE EXTING, EXITS							
8	FIRE SAFETY EVACUATION PLAN, POSTINGS							
9	FOOD SOURCE/FOOD THAWING							
10	FOOD HANDLING/PERSONAL HYGIENE							
11	FOOD CONTACT SURFACES/SANITIZING							
12	DISHWASHING/SANITIZING							
13	UTENSIL STORAGE							
14	FOOD TEMPERATURES/THERMOMETERS							
15	FOOD STORAGE/CROSS CONTAMINATION							
16	MEDICINES/HAZARDOUS SUBSTANCES							
17	GARBAGE COVERED/REMOVED							
18	PLUMBING/SEWAGE DISPOSAL							
19	WATER SUPPLY/WELL SAMPLED							
20	HANDWASHING FACILITIES							
21	DIAPER CHANGING FACILITIES							
22	FIREARM STORAGE							
23	WATER HAZARDS (POOLS, CANALS...)							
24	SMOKING/ALCOHOL CONSUMPTION							
25	SLEEPING-PLAY AREAS,RESTROOMS CLEAN							
26	HEAT, LIGHT & VENTILATION							
27	OUTDOOR PLAY AREAS							
28	ANIMAL, PET HEALTH/VACCINATION							
29	GENERAL SAFETY							
COMMENTS:								
Referral Date:		Payment Date:		Inspection Passed <input type="checkbox"/> Date:		Inspection Not Passed <input type="checkbox"/> Date:		
Investigation Resolved <input type="checkbox"/> Date:		Investigation Not Resolved <input type="checkbox"/> Date:		Substantiated <input type="checkbox"/>		Unsubstantiated <input type="checkbox"/>		
Signatures:								
Person in Charge				Health Authority				