

## Child Care Health and Safety Inspection

FACILITY NAME:		FACILITY #	EHS#	DATE:
PROVIDER NAME:		EMAIL:		PH#
ADDRESS:		CITY	STATE	ZIP
ACTIVITY:	<input type="checkbox"/> INITIAL	ICCP <input type="checkbox"/> ICCP-STATE <input type="checkbox"/> ICCP-CITY <input type="checkbox"/>	IN-HOME <input type="checkbox"/> CENTER <input type="checkbox"/> GROUP <input type="checkbox"/>	ONSITE FOLLOW-UP DATE:
<input type="checkbox"/> ANNUAL	<input type="checkbox"/> FOLLOW-UP	STATE ONLY <input type="checkbox"/> CITY ONLY <input type="checkbox"/>	RELATIVE <input type="checkbox"/> FAMILY <input type="checkbox"/>	VCR DUE DATE:
<input type="checkbox"/> INVESTIGATION	<input type="checkbox"/> TRAINING	# CHILDREN PRESENT	# PROVIDERS CHILDREN	# STAFF
<input type="checkbox"/> UNANNOUNCED	<input type="checkbox"/> SAMPLES	EMP./CHILD RECORDS EDUCATION <input type="checkbox"/>	CPSC EDUCATION PROVIDED <input type="checkbox"/>	TRAVEL TIME (MIN.)

The items marked with an "X" identify the violations or problems that need to be corrected. Child Care Health Consultant Referral? Y N

#	Description	X	Comments/Correction Required	Correction Date
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 EXTINGUISHER, EXITS			
8	FIRE SAFETY EVACUATION PLAN, POSTINGS			
9	DISASTER AND EMERGENCY PLAN			
10	FOOD SOURCE/FOOD THAWING			
11	FOOD HANDLING/PERSONAL HYGIENE			
12	FOOD TEMPERATURES/THERMOMETERS			
13	FOOD STORAGE/CROSS CONTAMINATION			
14	FOOD CONTACT SURFACES/ SANITIZING			
15	DISHWASHING/SANITIZING			
16	UTENSIL STORAGE			
17	MEDICINES/HAZARDOUS SUBSTANCES			
18	GARBAGE COVERED/REMOVED			
19	PLUMBING/SEWAGE DISPOSAL			
20	WATER SUPPLY/WELL SAMPLED			
21	HANDWASHING FACILITIES			
22	DIAPER CHANGING FACILITIES			
23	FIREARM STORAGE			
24	WATER HAZARDS (POOLS, CANALS...)			
25	SMOKING/ALCOHOL CONSUMPTION			
26	SLEEPING-PLAY AREAS,RESTROOMS CLEAN			
27	HEAT, LIGHT & VENTILATION			
28	OUTDOOR PLAY AREAS			
29	ANIMAL, PET HEALTH/VACCINATION			
30	GENERAL SAFETY			
31	TRANSPORTATION 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:	Unsubstantiated <input type="checkbox"/>	Substantiated <input type="checkbox"/>
Signatures:			
Person in Charge		Health Authority	