



# 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**

#	Description	X	Repeat	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	DISASTER AND EMERGENCY PLAN AND COMMUNICATION				
7	SMOKE DETECTOR, FIRE EXTINGUISHER, EXITS				
8	FIRE SAFETY EVACUATION PLAN / POSTING				
9	FOOD SOURCE/FOOD THAWING				
10	FOOD HANDLING/PERSONAL HYGIENE				
11	FOOD TEMPERATURES/THERMOMETERS				
12	FOOD STORAGE/CROSS CONTAMINATION				
13	FOOD CONTACT SURFACES/ SANITIZING				
14	DISHWASHING/SANITIZING				
15	UTENSIL STORAGE				
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				
30	TRANSPORTATION SAFETY				
31	SAFE SLEEP – Alone, on back, CPSC crib				

COMMENTS:

Referral Date:	Payment Date:	Inspection Passed <input type="checkbox"/> Date:	Inspection <b>Not</b> Passed <input type="checkbox"/> Date:
Investigation Resolved <input type="checkbox"/> Date:	Investigation <b>Not</b> Resolved <input type="checkbox"/> Date:	Unsubstantiated <input type="checkbox"/>	Substantiated <input type="checkbox"/>
Signatures	X	X	Date E-mailed /faxed to IDSTARS: