



**Health Officer Inspection Report for Child Care Programs**

**THIS SECTION IS TO BE COMPLETED BY THE APPLICANT.**

Child Care Program Name \_\_\_\_\_ Phone \_\_\_\_\_

Program Address \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Requesting approval to care for a maximum of \_\_\_\_\_ children, ages \_\_\_\_\_ to \_\_\_\_\_  
 (Maximum capacity subject to health officer approval, life safety/fire codes and child care program licensing rules.)

**THE REMAINDER OF THIS FORM MUST BE COMPLETED BY THE HEALTH OFFICER.**

He-C 4002	Areas of inspection (unless specified please inspect indoor and outdoor space):		COMMENTS
.14(b)(17)	Is the environment free of unclean conditions or disrepair?	Y N	
.14(b)(18)	Is the indoor environment free of damp conditions, visible mold/mildew and musty odor?	Y N	
.14(o-u) .15(i)	Is child care space well ventilated, heated (at least 65°F) and lighted?	Y N	
.14(af) & (ag)	Are trash containers, in which food or waste is disposed, covered/emptied?	Y N	
.14(b)(12) .14(v)(9)	Are there adequate protections against insects (e.g. screens on windows, no standing pools of water)?	Y N	
.14(b)(15) .14(e)(1-3)	Is the building free from loose and flaking paint?	Y N	
.15(a)(1-3)	Is there hot/cold running water under pressure available?	Y N	
.15(a)(4-5)	If water is not from a public supply, has it been tested within the last twelve months and are lab test results available?	Y N	
.15(b)	Is there adequate sewage disposal?	Y N	
.15(c-d) .15(i)	Are flush toilets and wash basins (one per every 20 children) in working order, clean and sanitary?	Y N	
.15(j) .15(k)	Are potty chairs and diaper changing areas away from food preparation/service areas and located adjacent to a hand washing sink?	Y N	
.14(aj-al)	Is refrigerator temp. at 41° degrees F or lower; freezer at 0° or lower?	Y N	
.14(i-k) .14(ah)	Are all toxic materials stored separately from food items?	Y N	
.19(o-p)	Are first aid supplies available and non-expired?	Y N	
.19(r-t)	Is information for managing injuries/emergencies posted near a phone?	Y N	
.14(m-n)	Is current dog/cat rabies vaccination documented? (see list in HO manual for animals that are not allowed.)	Y N	
.14(ad-ae)	Is the swimming pool or wading pool maintained in a clean and sanitary manner?	Y N	
.14(a-b)	Is the indoor and outdoor environment free from any health conditions other than those listed above that may be hazardous to children?	Y N	

**APPROVAL STATUS** (If no maximum number and/or age range of children are indicated, the CCLU will make that determination in accordance with licensing rules and recommendations by the fire inspector and/or zoning officials.)

\_\_\_\_ APPROVED for number of children requested above

\_\_\_\_ APPROVED for a maximum of \_\_\_\_\_ children (if other than requested)

\_\_\_\_ NOT APPROVED – please specify reasons for denial below

\_\_\_\_ APPROVED with conditions (please specify what action(s) must be taken by the program and a date by which they must be completed)

\_\_\_\_\_  
Name of Health Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Inspection

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Alt. Telephone (optional)