

LOCAL HEALTH CHILD CARE FACILITY ENVIRONMENTAL INSPECTION REPORT

☐ INSPECTION
 ☐ FOLLOW-UP INSPECTION
 ☐ COMPLAINT

Program Name:	License Number:	Date of Inspection:
Address:	Expiration Date:	Licensed Capacity:
Town:	Telephone:	Under Three Endorsement:
Operator:	# of Staff Present:	# of Children Present:

Licensed For:
☐ Under Three (6wks-36m)
☐ Preschool (3y-5y)
☐ School Age (5y&up)
☐ Night Care (6wks&up)

Instructions: Check = Compliance Circle = Non-Compliance 3 = Not Applicable

<p style="text-align: center;"><u>Physical Plant/Indoor Space 19a-79-7a</u></p> <p> <input type="checkbox"/> 1. License premises clean/good repair <input type="checkbox"/> 2. Equipment clean, in good repair, safe/non-toxic <input type="checkbox"/> 3. Free from observable hazards </p> <hr/> <p> <input type="checkbox"/> 4. Water Supply in compliance </p> <div style="margin-left: 20px;"> <input type="checkbox"/> 4a. Customer of a Water Company Water Company Name: _____ Lead Water Test Date: _____ <input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits - or - </div> <div style="margin-left: 20px;"> <input type="checkbox"/> 4b. On-Site Well <u>Classification of Well – Check One:</u> <input type="checkbox"/> Public Well – Well supplies 25 or more adults and Children, daily at least 60 days per year. (If not, then private well) <input type="checkbox"/> Private Well – Serves less than 25 adults & children </div> <p style="margin-left: 20px;"><u>Review of Water Quality Test Results</u></p> <div style="margin-left: 20px;"> i. Lead Water Test Date: _____ <input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits ii. Bacteriological Analysis Test Date: _____ <input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits iii. Chemical Analysis Test Date: _____ <input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits iv. Other (as recommended by DPH): _____ <input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits </div> <p style="margin-left: 20px;"><u>Inspection of Well</u></p> <p style="margin-left: 20px;">Well meets construction and separation distance requirements of CT Public Health Code Sections 19-13-B51a-m. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">Well meets requirements for any added treatment systems <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <div style="margin-left: 20px;"> <input type="checkbox"/> 4c. Other (Please specify) _____ </div> <p> <input type="checkbox"/> 5. Required toilets/sinks/supplies <input type="checkbox"/> 6. Adequate ventilation in toilet room <input type="checkbox"/> 7. Sewage disposal adequate </p> <p style="text-align: center;"><u>Physical Plant/Outdoor Space 19a-79-7a</u></p> <p> <input type="checkbox"/> 8. Swimming pool complies with PHC 19-13-B33b <input type="checkbox"/> 9. Playground free from observable hazards <input type="checkbox"/> 10. Drinking water available, adequate, safe </p>	<p style="text-align: center;"><u>Health and Safety 19a-79-6a</u></p> <p> <input type="checkbox"/> 11. Refrigeration no more than 41° <input type="checkbox"/> 12. Food prep area clean/good repair <input type="checkbox"/> 13. Food safely stored <input type="checkbox"/> 14. Food prep hand washing <input type="checkbox"/> 15. Adequate dishwashing <input type="checkbox"/> 16. Kitchen separated <input type="checkbox"/> 17. Mark as appropriate: <input type="checkbox"/> Snacks served <input type="checkbox"/> Cold breakfast <input type="checkbox"/> Meals served <input type="checkbox"/> Meals transported <input type="checkbox"/> Other _____ </p> <hr/> <p style="text-align: center;"><u>Lead Paint</u></p> <p> <input type="checkbox"/> Building: Pre-78 Construction (Lead Inspection Required) <input type="checkbox"/> Building: Pre-78 Renovated (dust wipes/soil samples Required) </p> <div style="margin-left: 20px;"> <input type="checkbox"/> No Lead-Based Paint Identified <input type="checkbox"/> Lead Hazards Identified and Corrected <i>(Plan of correction on file with Local Health Dept. (LHD))</i> <input type="checkbox"/> Intact Lead-Based Paint Identified <i>(Management Plan on file with LHD)</i> </div> <p> <input type="checkbox"/> Building: 1978 or newer construction </p> <hr/> <p style="text-align: center;"><u>Please check one of the following:</u></p> <p> <input type="checkbox"/> Approval recommended. No code violations identified. <input type="checkbox"/> Approval recommended with conditions (see below). <input type="checkbox"/> Approval not recommended due to existing serious code violations. </p> <p><u>Comments:</u></p> <p style="margin-top: 20px;"> <input type="checkbox"/> Check here if additional comments attached </p>	
Signed (Inspector)	Date Corrections Due	Signed (Person in Charge)
Printed Name (Inspector)		Printed Name (Person in Charge)