## Local Health Child Care Facility Environmental Inspection Report

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>License Number:</th>
<th>Date of Inspection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Expiration Date:</td>
<td>Licensed Capacity:</td>
</tr>
<tr>
<td>Town:</td>
<td>Telephone:</td>
<td>Under Three Endorsement:</td>
</tr>
<tr>
<td>Operator:</td>
<td># of Staff Present:</td>
<td># of Children Present:</td>
</tr>
</tbody>
</table>

**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 Observed  4 = Not Applicable

### Physical Plant/Indoor Space 19a-79-7a

- [ ] 1 License premises clean/good repair
- [ ] 2 Equipment clean, in good repair, safe/non-toxic
- [ ] 3 Free from observable hazards
- [ ] 4 Water Supply in compliance with all PHC requirements
  - [ ] 4a Customer of a Water Company
    - Water Company Name: _____________________________
    - Lead Water Test Date: __________________________
    - [ ] Within Limits  [ ] Exceeds Limits
  - [ ] 4b On-Site Well
    - Classification of Well – Check One:
      - [ ] Public Well – Well supplies 25 or more adults and Children, daily at least 60 days per year.
      - [ ] Private Well – Serves less than 25 adults & children
    - Review of Water Quality Test Results
      - i. Lead Water Test Date: _________________________
      - [ ] Within Limits  [ ] Exceeds Limits
      - ii. Bacteriological Analysis Test Date: __________
      - [ ] Within Limits  [ ] Exceeds Limits
      - iii. Chemical Analysis Test Date: ______________
      - [ ] Within Limits  [ ] Exceeds Limits
    - Inspection of Well
      - Well meets construction and separation distance requirements of CT Public Health Code Sections 13-B51a-m.
      - [ ] Yes  [ ] No
- [ ] Other (Please specify) ___________________________

### Health and Safety 19a-79-6a

- [ ] 11 Refrigeration no more than 41°
- [ ] 12 Food prep area clean/good repair
- [ ] 13 Food safety stored
- [ ] 14 Food prep hand washing
- [ ] 15 Adequate dishwashing
- [ ] 16 Kitchen separated
- [ ] 17 Mark as appropriate:
  - [ ] Snacks served
  - [ ] Cold breakfast
  - [ ] Meals served
  - [ ] Meals transported
  - [ ] Other ___________________________

- [ ] Building: Pre 1978 Construction (Lead Inspection Required)
  - [ ] No Lead-Based Paint Identified
  - [ ] Lead Hazards Identified and Corrected
    (Plan of correction on file with Local Health Dept. (LHD))
  - [ ] Intact Lead-Based Paint Identified
    (Management Plan on file with LHD)
- [ ] Building: 1978 or newer Construction

Please check one of the following:
- [ ] Approval recommended. No code violations identified.
- [ ] Approval recommended with conditions (see below).
- [ ] Approval not recommended due to existing serious code violations.

**Comments:**
- [ ] Check here if additional comments attached

<table>
<thead>
<tr>
<th>Signed (Inspection)</th>
<th>Signed (Person in Charge)</th>
<th>Date Corrections Due</th>
</tr>
</thead>
</table>