

# LOCAL HEALTH CHILD CARE FACILITY ENVIRONMENTAL INSPECTION REPORT

INSPECTION   
  FOLLOW-UP INSPECTION   
  COMPLAINT

Connecticut Office of Early Childhood – Division of Licensing  
 450 Columbus Boulevard, Suite 302, Hartford, CT 06103

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 Observed   
 4 = Not Applicable

Physical Plant/Indoor Space 19a-79-7a	Health and Safety 19a-79-6a	
<p><input type="checkbox"/> 1 License premises clean/good repair</p> <p><input type="checkbox"/> 2 Equipment clean, in good repair, safe/non-toxic</p> <p><input type="checkbox"/> 3 Free from observable hazards</p> <hr/> <p><input type="checkbox"/> 4 Water Supply in compliance with all PHC requirements</p> <p style="margin-left: 20px;"><input type="checkbox"/> 4a Customer of a Water Company</p> <p style="margin-left: 40px;">Water Company Name: _____</p> <p style="margin-left: 40px;">Lead Water Test Date: _____</p> <p style="margin-left: 60px;"><input type="checkbox"/> Within Limits    <input type="checkbox"/> Exceeds Limits</p> <p style="text-align: center;">-or-</p> <p><input type="checkbox"/> 4b On-Site Well</p> <p style="margin-left: 20px;"><u>Classification of Well – Check One:</u></p> <p style="margin-left: 40px;"><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)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Private Well – Serves less than 25 adults &amp; children</p> <p style="margin-left: 20px;"><u>Review of Water Quality Test Results</u></p> <p style="margin-left: 40px;">i. Lead Water Test Date: _____</p> <p style="margin-left: 60px;"><input type="checkbox"/> Within Limits    <input type="checkbox"/> Exceeds Limits</p> <p style="margin-left: 40px;">ii. Bacteriological Analysis Test Date: _____</p> <p style="margin-left: 60px;"><input type="checkbox"/> Within Limits    <input type="checkbox"/> Exceeds Limits</p> <p style="margin-left: 40px;">iii. Chemical Analysis Test Date: _____</p> <p style="margin-left: 60px;"><input type="checkbox"/> Within Limits    <input type="checkbox"/> Exceeds Limits</p> <p style="margin-left: 20px;"><u>Inspection of Well</u></p> <p style="margin-left: 40px;">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><input type="checkbox"/> 4c Other (Please specify) _____</p> <hr/> <p><input type="checkbox"/> 5 Required toilets/sinks/supplies</p> <p><input type="checkbox"/> 6 Adequate ventilation in toilet room</p> <p><input type="checkbox"/> 7 Sewage disposal adequate</p> <p><b>Outdoor Space 19a-79-7a</b></p> <p><input type="checkbox"/> 8 Swimming pool complies with PHC 19-13-B33b</p> <p><input type="checkbox"/> 9 Playground free from observable hazards</p> <p><input type="checkbox"/> 10 Drinking water available, adequate, safe</p>	<p><input type="checkbox"/> 11 Refrigeration no more than 41°</p> <p><input type="checkbox"/> 12 Food prep area clean/good repair</p> <p><input type="checkbox"/> 13 Food safely stored</p> <p><input type="checkbox"/> 14 Food prep hand washing</p> <p><input type="checkbox"/> 15 Adequate dishwashing</p> <p><input type="checkbox"/> 16 Kitchen separated</p> <p><input type="checkbox"/> 17 Mark as appropriate:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Snacks served    <input type="checkbox"/> Cold breakfast</p> <p style="margin-left: 20px;"><input type="checkbox"/> Meals served    <input type="checkbox"/> Meals transported</p> <p><input type="checkbox"/> Other _____</p> <hr/> <p><input type="checkbox"/> Building: Pre 1978 Construction (Lead Inspection Required)</p> <p style="margin-left: 20px;"><input type="checkbox"/> No Lead-Based Paint Identified</p> <p style="margin-left: 20px;"><input type="checkbox"/> Lead Hazards Identified and Corrected <i>(Plan of correction on file with Local Health Dept.(LHD))</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> Intact Lead-Based Paint Identified <i>(Management Plan on file with LHD)</i></p> <p><input type="checkbox"/> Building: 1978 or newer Construction</p> <hr/> <p style="text-align: center;"><b>Please check one of the following:</b></p> <p><input type="checkbox"/> Approval recommended. No code violations identified.</p> <p><input type="checkbox"/> Approval recommended with conditions (see below).</p> <p><input type="checkbox"/> Approval not recommended due to existing serious code violations.</p> <p>Comments:</p> <p><input type="checkbox"/> Check here if additional comments attached</p>	
Signed (Inspector)	Signed (Person in Charge)	Date Corrections Due