



Health Officer Inspection Report for Child Care Programs

THE APPLICANT COMPLETES THIS SECTION.

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 HEALTH OFFICER COMPLETES THE REMAINDER OF THIS FORM (2 pages)

He-C 4002	<u>Areas of inspection (unless specified please inspect indoor and outdoor space):</u>		<u>COMMENTS</u>
23(b)(1)	Is the indoor space safe, clean, free of clutter and in good repair?	Y N	
23(b)(2)	Is the indoor space free from electrical hazards (overloaded extension cords or outlets; frayed/cracked/crimped cords/unprotected outlets)?	Y N	
23(b)(3)	Is there ventilation via unobstructed mechanical ventilation system or open windows w/screens?	Y N	
23(b)(4)	Is there light sufficient for the supervision of children, and to move about safely?	Y N	
23(b)(5)	Is the indoor environment free of damp conditions, visible mold/mildew, or musty odor?	Y N Y N	
23(b)(6)	Are there heavy furnishings or items not secured to the wall or floor that could easily tip, or are unstable?	Y N	
23(b)(7)	Are there fumes from toxic or harmful chemicals or materials?	Y N	
23(b)(8)	Are there tripping hazards?	Y N	
23(b)(9)	Are there any poisonous plants in the program?	Y N	
23(c)	Are harmful items stored out of reach of children, including but not limited to matches, lighters, chemicals, materials labeled "harmful if swallowed," flammable materials, sharp objects, or staff's personal belongings?	Y N	
23(d)	Are substances labeled "harmful if swallowed" or "flammable", and all containers of cleaning materials labeled w/the contents and stored separately from food items and medications?	Y N	
23(f)	Are cords and strings long enough to encircle a child's neck (window blinds, cords on curtains or shades) kept out of reach of children?	Y N	
23(g)(1) & (g)(3)	Are there reptiles, amphibians and birds (including chicks and ducklings) in rooms or outdoor spaces regularly occupied by children? Are cages/habitats clean?	Y N N/A	
23(g)(6)	Are pets (dogs/cats/ferrets) vaccinated against rabies, w/proof of current vaccination available for review?	Y N N/A	
23(h)(1)	Are sinks, toilets, footstools, potty chairs and adaptors clean?	Y N	
23(h)(2)	Are bathroom floors and surfaces adjacent to toilets clean?	Y N	
23(h)(3)	Is there toilet paper, individual cloth or paper towels and liquid soap from a dispenser available and accessible to children and staff?	Y N Y N	
23(h)(4)	Do bathrooms have a functional means of outside ventilation?	Y N	

23(i)	Are there signs of insects or rodents?	Y	N	
23(r)	Is garbage disposed of in a lined and covered container and emptied daily?	Y	N	
23(v)	Is there safe, functional heating system, with a temp. maintained at 65°F, and protection from heat sources (pipes/radiators, etc.)?	Y	N	
23(y)	Are fuel-burning stoves (wood/coal/pellet/gas) used per local codes, and do they have protections to keep children safe from injury?	Y	N	N/A
23(ac) and 24(o)	Was the building built prior to 1978? If yes: Are the interior or exterior surfaces in deteriorating condition where children play or have access?	Y	N	
23(af)	Is there information or evidence indicating the building may contain asbestos hazards?	Y	N	
27(a)(1)	Is there running water under pressure, and is the hot water temperature between 60°F - 120°F?	Y	N	
27(a)(3)	Is the program on a city or town public water system? If No: Does the program have its own water supply with a U.S. EPA ID number issued by NH DES (Dept. of Environmental Services) on file?	Y	N	
27(a)(4)	For programs with independent water supplies and not required to be registered with NH DES, has the water been tested and are the lab results on file for review?	Y	N	N/A
29(a)(1) & (a)(4)	Are potty chairs and diaper changing areas away from food preparation/service areas, and are they located adjacent to a handwashing sink?	Y	N	
31(q)	Is food stored at not less than 32°F, nor more than 40°F?			

APPROVAL STATUS (If either the maximum number of children or age range is blank, the CCLU will determine based on licensing rules and the fire inspector and/or zoning official limits.)

____ 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)

COMMENTS:

Name of Health Officer

Signature

Date of Inspection

Town/City

Telephone

Alt. Telephone (optional)