HEALTH OFFICER INSPECTION REPORT FOR RESIDENTIAL CHILD CARE AGENCIES



Name of Agency: _____ Type: _____

Program Director: _____ License Number: _____

 Street:

 Zip:

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY THE HEALTH OFFICER INSPECTOR

He-C Rule			STANDARDS	COMMENTS		
4001.17	Y	N	Is the environment free from any hazardous conditions?			
4001.18(a)(1) & (2)	Y	N	Is there hot (100°-120° F) and cold running water under pressure available for household use?			
4001.18(a)(3)-(5)	Y	N	Has water been tested within the last 12 months and are lab test results available for non-public systems?			
4001.18(b)	Y	Ν	Is there adequate sewage disposal?			
4001.17(a)(6) & 4001.16 (b)(7)	Y	N	Is there adequate protections against insects/rodents such as screens for all operable windows in the facility?			
4001.17(d) & (e)	Y	N	Are all toxic materials such as cleaners, medicines, household chemicals and paints stored separately from food items and inaccessible to children?			
4001.17(g)	Y	Ν	If are pets or animals are present, is there current rabies vaccination documentation? (Turtles, parakeets, and parrot-like birds are not allowed)			
4001.17(h)(2)	Y	N	Enclosed areas kept at not less than 65 °F during waking hours, except for areas being used for physical exercise& recreation and not less than 55°F during sleeping hours?			
4001.17(i)	Y	N	Are staff smoking in a designated area out of sight of residents including preventing exposure of the residents to 2 nd hand smoke?			
4001.17(h) & (j)	Y	Ν	Is child care space well lighted, heated and ventilated?			
4001.17(q)	Y	N	Are food services activities in compliance with state Sanitary Food Codes or equivalent local ordinances?			
4001.17(a)(7)	Y	Ν	Are garbage and rubbish stored in a sanitary manner?			
4001.17(m)(1) & (2)	Y	N	Does each child have a separate bed with appropriate mattress and linens?			
4001.17(m)(2)a.	Y	Ν	Are sheets/pillow cases cleaned weekly?			
4001.18(c)	Y	Ν	Is there a complete bathroom unit for every 4 children?			
4001.17(n)	Y	N	Are there separate sleeping/toilet facilities for resident staff?			
4001.17(o)	Y	Ν	Are recreation areas protected from and free of hazards?			
4001.17(p)(2)a. & b.	Y	N	Are swimming pools maintained in a safe and sanitary manner?			



MAXIMUM NUMBER OF CHILDREN INCLUDING AGE RANGE & APPROVAL STATUS FOR EACH BUILDING

Bldg. #1 Maxim	um#	Bldg. #2 Maximum #		Bldg. #3 Maximum #		Bldg. #4 Maximum #	
Youngest	Oldest	Youngest	Oldest	Youngest	Oldest	Youngest	Oldest
Approved Y/N		Approved Y/N		Approved Y/N		Approved Y/N	

If not approved, list reasons in comments section below. If approved with conditions, include an explanation in the comments section below and indicate what action must be taken by the child care program and an approximate date that you will conduct a re-inspection.

COMMENTS:

PLEASE TYPE OR	PRINT CLEARLY:			
Name of Inspector:			Title:	
Address:			Work Phone Number:	
			Home Phone (Optional):	
Inspected by:	SIGNATURE OF HEALTH OFFICER	_ for	CITY or TOWN	, NH TELEPHONE #
Expiration of Appo	intment (If applicable):			
Date:	Approved		_ Disapproved for License	_ Maximum No. of Children
Date:	Received by:			for the facility.