

***Department of Early Education and Care***  
***HEALTH INSPECTION REPORT***

This is to certify that

\_\_\_\_\_ (Name of Facility)

located at \_\_\_\_\_  
(Street) (City) (Zip)

was inspected on \_\_\_\_\_ by \_\_\_\_\_  
(date) (Name of Inspector)

of \_\_\_\_\_  
(Inspection Board, Agency or Department)

The above facility complies with Chapter I I of the State Sanitary Code and other regulations pertinent to the following areas:

Kitchen Facilities Yes\_\_\_\_\_ No\_\_\_\_\_

Food Storage and Preparation Yes\_\_\_\_\_ No\_\_\_\_\_

Water Supply Yes\_\_\_\_\_ No\_\_\_\_\_

Hot Water Temperature Yes\_\_\_\_\_ No\_\_\_\_\_

Bathroom Areas Yes\_\_\_\_\_ No\_\_\_\_\_

Sewage System Yes\_\_\_\_\_ No\_\_\_\_\_

Lighting and Electrical Operations Yes\_\_\_\_\_ No\_\_\_\_\_

Heat Yes\_\_\_\_\_ No\_\_\_\_\_

Ventilation Yes\_\_\_\_\_ No\_\_\_\_\_

Smoke Detectors Yes\_\_\_\_\_ No\_\_\_\_\_

Exits Yes\_\_\_\_\_ No\_\_\_\_\_

Asbestos Yes\_\_\_\_\_ No\_\_\_\_\_

Garbage and Rubbish Disposal & Storage Yes\_\_\_\_\_ No\_\_\_\_\_

Control of Insects, Rodents & Skunks Yes\_\_\_\_\_ No\_\_\_\_\_

**Approved:** Yes\_\_\_\_\_ No\_\_\_\_\_ **\*Conditionally**\_\_\_\_\_

Recommendations:

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Signed (Inspector or Representative of Inspecting Authority)

**\*Conditional approval may be given only when, in the opinion of the inspecting authority, children's health would not be endangered in the facility prior to the correction of noted non-compliance items. Conditional approval will satisfy provisional licensing requirements, but certification must be obtained before a regular license can be issued.**