	SPECTION REINSPECTION COMPL	AINT	
State of Connecticut Depart ENVIRONMENTAL INSPECTION REPORT The state of Connecticut Depart Day Care Licensing 410 Capitol Ave., MS#12 D Hartford, Connecticut Hartford, Connecticut		tment of Public Health	Town Date of Inspection
		OAC, P.O. Box 340308	
			Date of Expiration
INSTRUCTIONS Check = Compliance; Circle = Non-Compliance; 3. = Not Observed; 4. = Not Applicable			
Program Name/License # Telephone # Licensed Capacity # Children Present			
		Under 3 Endorsement	# Staff Present
Address: Lie		icensed for: Under 3 Yrs	School Age Night Care
Operator:		☐ Pre-School (3-5 Years) ☐ On Site Kindergarten	
Physic	al Plant/Indoor Space 19a-79-7a	Health and Safety 19a-79	-6a
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4a	License premises clean/good repair	37 Refrigeration no more t	
□ 2	Equipment clean, in good repair, safe/non-toxic	38 Food prep area clean/go	
□ 3	Free from observable hazards	39 Food safely stored	
∐ 4 ∏ 4a	Drinking water available, adequate, safe	40 Food prep handwashing	
4a	Lead Water Test/Date Within Limits Exceeds Limits	Adequate dishwashing Lambda Adequate dishwashing Kitchen separated	
☐ 4b	Public Water Supply	43 First aid kit	
☐ 4c	On Site Well (In compliance with CT Public Health Code	44 Mark as appropriate:	
	Sections 19-13-B51 and 19-13-B102)	Snacks served Cold br	
	Local Health verified with DPH Water Supplies Section for facility licensed to serve 25 or more adults and children over 60 days per year	☐ Meals served ☐ Meals t ☐ Other	ransported
☐ 4d	Private Well – Facility serves less than 25 children &adults	☐ Building: Post 1978 Const	ruction
4d 4e 5 6 7 8 9	Other (Please specify)		uction (Lead Inspection Required)
□ 5	Adult toilet/available/designated in centers	No Lead-Based Paint Identified	
	Windows for ventilation screened	Lead Hazards Identifie	
□ 7 □ 8	Glass protected to 36"		file with Local Health Dept.(LHD))
	Overhead doors equipped w/locking devices Exits, hallways and stairs unobstructed	☐ Intact Lead-Based Paint Identified	
☐ 10	Individual storage of bedding and clothing	(Management Plan on	file with LHD)
11	Approved safety outlets/covers		
10 11 12 13 14	Required toilets/sinks/supplies		
13	Adequate ventilation in toilet room	"REM	ARKS"
☐ 14 ☐ 15	Air temp 68°, thermometer affixed Hot water 115° maximum		
	Walls, ceilings, floors, rugs clean/good repair		o code violations identified.
☐ 17	Working phone on each level/Emergency # posted	Approval recommended wi	
☐ 16 ☐ 17 ☐ 18 ☐ 19	Safe adequate lighting/50 ft. candles/sq. ft.		d due to existing serious code
□ 19	Potentially hazardous substance locked	violations.	
☐ 20 ☐ 21	Garbage, rubbish properly disposed Stairs/good repair/protected, hand rails		
22	Animals maintained		
☐ 22 ☐ 23 ☐ 24	Radon test posted		
□ 24	35 sq. ft. per child/useable		
☐ 25	Adequate cots stored/maintained		
☐ 26 ☐ 27	Sewage disposal adequate No Smoking signs posted		
Outdoor Space 19a-79-7a			
☐ 28 ☐ 20	Swimming pool comply with PHC 19-13-B33		
☐ 29 ☐ 30	Walkways maintained 75 square feet per child useable		
☐ 30 ☐ 31	Fenced/4 feet/protected		
32	Playground free from observable hazards		
□ 33	Shock absorbing materials under equipment		
☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36	Equipment anchored/appropriately placed		
☐ 35 ☐ 36	Lighting adequate		
□ 30	Drinking water available, adequate, safe		

Date Corrections Due

Signed (Person in Charge)

Signed (Inspector)