

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

Date of Inspection: 1-3-21 Time of Inspection: 11:00Am
☐ Complaint ☐ Follow Up (original inspection date _____)
 Reason for Follow Up: _____

Reason for Follow up: ☐ pending deficiencies ☐ self-report

Hours of Operation: M-F 7:00 AM-5:45 PM

Overnight Care? ☐ Yes ☒ No

Change in Ownership or Director? ☐ Yes ☒ No

If yes, Name:

Building 1: ☒ Building 2: ☐ Building 3: ☐

Infants are in designated rooms? ☒ Yes ☐ No ☐ N/A

Items posted in public view: ☒ Registration ☒ Menu ☒ Ratio Chart (All classroom) ☐ 24 Months ☐ 36 Months ☐ 14 Facility ☐ Infants are in designated rooms? ☒ Yes ☐ No ☐ Does facility transport children? ☐ Yes ☒ No

Signature of Director/Operator/Designee:

Date: 11-3-21 ☐ Refused to sign

Signature of Child Care Licensing Specialist

Date: 11-3-21