

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

Date of Inspection: 6.23.22 Time of Inspection: 9:45am
☐ Complaint ☐ Follow Up (original inspection date _____)

Reason for Follow up: ☐ pending deficiencies ☐ self-report
Hours of Operation: Single Shift
☐ Yes ☒ No Overnight Care? ☐ Yes ☒ No

Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No Overnight Care? ☐ Yes ☒ No

Building 1: 24 Building 2: 24 Building 3: 24

☐ 24 months ☒ 30 months ☐ 1-4 facility **Infants are in designated rooms?** ☐ Yes ☐ No ☒ N/A
☒ Menu ☒ Ratio Chart (All classroom) **Does facility transport children?** ☒ Yes ☐ No

Items posted in public view: ☒ Registration ☒ Menu ☒ Ratio Chart (All classroom) **Does facility transport children?** ☒ Yes ☐ No

APPLICATION OF STAFF:CHILD RATIOS 114-524

HEALTH, SANITATION & SAFETY 114-525PHYSICAL SITE 114-527MEAL REQUIREMENTS 114-528

INFANT CARE 114-529

C = Compliant with Regulation - N = Noncompliant with Regulation

No violations noted at the time of visit ☐

Signature of Child Care Licensing Specialist: [Signature] Date: 6.23.22