

CHILDCARE HEALTH INSPECTION REPORT

Facility _____	Phone _____
Facility ID _____	Contact _____
Address _____	Email _____
City/Zip _____	

Routine
Follow-Up
Pre-Operational
Complaint
Consultation
Yr of Construction

Date of Inspection _____ This inspection expires: _____

Licensing Recommendation: Approve Deny Approval Pending

Items marked "Out" below identify violations to be corrected as indicated by the regulatory authority. ***Critical violations, indicated in red and with an asterisk, shall be corrected immediately or no later than the time specified by the regulatory authority.** Failure to comply may result in further action by the regulatory authority.

In Out NA NO Violations	In Out NA NO Violations
7.3 Applicability	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3A - Construction Approval	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11E - Ventilation
7.6 Premises	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11F - Cooking and Holding Equipment
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6A - Grounds Maintained	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11G - Refrigeration
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6B - Grounds Hazard*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11H - Domestic Food Service Equipment
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6C - Solid Waste	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11I - Operational Requirements*
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6D - Pools, Hot Tubs & Swim Areas*	7.12 Infant and Toddler Programs
7.7 Facility	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12A - Personal Items and Bedding
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7A - Building Hazards Controlled*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12B - Staff Clothing for Infant Care
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7B - Building	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12C - Feeding*
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7C - Detached Modular Classrooms	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12D - Diapering*
7.8 Sanitary Facilities and Controls	7.13 Care of Animals
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8A - Safe Water Supply*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13A - General Care of Animals
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8B - Water System Design/Testing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13B - Prohibited Animals*
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8C - Drinking Water Access*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13C - Animal Bite Control
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8D - Hot Water Supply*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13D - Enclosures
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8E - Sewage*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13E - Child Participation*
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8F - Plumbing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13F - Designated Animal Areas
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8G - Toilet Facilities	7.14 Toxic Materials Management
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8H - Handwashing Access and Supplies*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14A - Insect and Rodent Control*
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8I - Toileting Hygiene*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14B - Poisonous or Toxic Materials*
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8J - Handwashing/Bathing Facilities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14C - Art and Science Materials*
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8K - Custodial Areas	7.15 Compliance Enforcement
7.9 Interior Design	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15A - Critical Enforcement Issues*
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9A - Personal Belongings	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15B - Non-critical Enforcement Issues
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9B - Play Equipment	Radon Testing Results PCi/L: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9C - Napping Sleeping Areas & Equipment	KEY
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9D - Transmission from Common Surfaces*	In Item in compliance with regulations at the time of inspection.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9E - Toys, Furnishing & Equipment	Out Item out of compliance with regulations at the time of inspection.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9F - Ill/Injured Child Area*	NA (Not applicable) This section of the regulation is not applicable to the child care facility
7.10 Disease Prevention	NO (Not observed) This section of the regulation was not in action and could not or was not observed at the time of the
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10A - Personal Health*	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10B - Demonstration of Knowledge	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10C - Handwashing and Hygienic Practices*	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10D - Medication and First Aid*	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10E - Sanitizers*	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10F - Disinfectants*	
7.11 Food Service	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11A - Adequate Facilities*	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11B - Critical Requirements*	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11C - Non-Critical Requirements	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11D - Plumbing*	



**BOULDER COUNTY PUBLIC HEALTH
Child Care Health Inspection Report
3482 Broadway, Boulder, CO 80304 - 303.413.7502**



Facility Name:	Facility Address:	Date:
Inspected by:	Received By <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-around; width: 100%;"> Signature Name </div>	
Item No	Violation Description Remarks: * Denotes Critical Item	COS / Comply by:
COS = Corrected on site		
Overall Comments:		
Recommended Quality Improvements:		
Written response due by: _____	CCHC Name: _____	
Send written response to: _____	CCHC Email: _____	

