

TEXAS DEPARTMENT OF FAMILY & PROTECTIVE SERVICES

CHILD CARE LICENSING DIVISION
2525 N. GRANDVIEW, SUITE 100
ODESSA, TEXAS 79761
432-368-2693

CHILD CARE LICENSING DIVISION
516 VETERANS AIRPARK LANE #B
MIDLAND, TEXAS 79705

CHILD CARE LICENSING DIVISION
622 S. OAKES #L
SAN ANGELO, TEXAS 76903

HEALTH INSPECTION

NAME:

ADDRESS:

- | | | | | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------|------|-------|-------|-------|----|----|
| 1. | Source of Water supply:
Sample Taken | City | Well | Other | Yes | No | NA |
| 2. | Establishment uses a public sewage disposal system or a private system that is approved by the Health Department. | | | | Yes | No | NA |
| 3. | Establishment is in good state of repair (screens, doors, filth, debris) | | | | Yes | No | NA |
| 4. | Garbage: | City | Rural | | Yes | No | NA |
| 5. | Refrigeration - food & milk stored at 40° or less. | | | | Yes | No | NA |
| 6. | Grade A, pasteurized milk served (powdered milk for cooking only). | | | | Yes | No | NA |
| 7. | Dishes & utensils washed, rinsed, sanitized, air dried or in machine | | | | Yes | No | NA |
| 8. | Food stuff from approved sources (no home canned food). | | | | Yes | No | NA |
| 9. | Aerosol cans, detergents & medicines stored separately & out of reach of children | | | | Yes | No | NA |
| 10. | Poisons kept outside living quarters in safe place. | | | | Yes | No | NA |
| 11. | Pests present (rodents, vermin) | | | | Yes | No | NA |
| 12. | Ventilation adequate | | | | Yes | No | NA |
| 13. | Stair & floors nonslippery, safe, rails on stairs over 24". | | | | Yes | No | NA |
| 14. | Water accessible to children no hotter than 120°. | | | | Yes | No | NA |
| 15. | Poisonous plants not accessible to play areas. | | | | Yes | No | NA |
| 16. | Compliance with local ordinances. | | | | Yes | No | NA |
| 17. | Swimming & wading pools properly maintained. | | | | Yes | No | NA |
| 18. | No potential hazards (pets, stacked wood, etc.) | | | | Yes | No | NA |
| 19. | Number of children in care (including caregiver's) | | | | _____ | | |
| 20. | Conditions/Restrictions on Back of Page. | | | | | | |

Approved by:

Date of Inspection:

Inspector: