

# ENVIRONMENTAL HEALTH INSPECTION REPORT

Michigan Department of Licensing and Regulatory Affairs

Child Care and Camps

Name of Facility			License Number	
Address of Facility (Number and Street)			Type of Facility	
City	State	Zip Code	Have there been any major changes to building and grounds since the last inspection? <input type="radio"/> NO <input type="radio"/> YES 4 If yes, describe below	
Describe major changes to buildings and grounds since last inspection.				

**For Child Care Family Homes and Group Homes: Complete Sections 1 and 2. All other inspections: Complete all sections.**

## Section 1 — Water Supply System

Is a municipal water supply system available? <input type="radio"/> YES <input type="radio"/> NO		If yes, is it utilized? <input type="radio"/> YES <input type="radio"/> NO	
Is the private well construction, location and maintenance satisfactory? <input type="radio"/> YES <input type="radio"/> UNABLE TO DETERMINE <input type="radio"/> NO (Explain)			
<hr/>			
<hr/>			

If private well:			
Bacteriological Analysis: <input type="radio"/> DETECTED <input type="radio"/> NOT DETECTED		Date Sampled	
Chemical Analysis (When necessary)			
Chemical Type	Date Sampled	Level Detected	Recommended Level
Nitrates (NO <sub>3</sub> )		PPM	10 PPM
		PPM	PPM

## Section 2 — Sewage Disposal System

Is a municipal sewage disposal system available? <input type="radio"/> YES <input type="radio"/> NO		If yes, is it utilized? <input type="radio"/> YES <input type="radio"/> NO	
Is the private septic system construction, location and maintenance satisfactory? <input type="radio"/> YES <input type="radio"/> UNABLE TO DETERMINE <input type="radio"/> NO (Explain)			
<hr/>			
<hr/>			

## Section 3

Insect and rodent control effective; garbage, rubbish, and solid waste properly collected, stored and removed; Proper screening of doors and windows.			
<input type="radio"/> COMPLIANCE	<input type="radio"/> UNABLE TO DETERMINE	<input type="radio"/> NOT APPLICABLE	<input type="radio"/> NON-COMPLIANCE (Explain)

## Section 4

Lighting, ventilation, and temperature satisfactory.			
<input type="radio"/> COMPLIANCE	<input type="radio"/> UNABLE TO DETERMINE	<input type="radio"/> NOT APPLICABLE	<input type="radio"/> NON-COMPLIANCE (Explain)

## Section 5

Site, fencing, buildings and other structures and general premises maintained in a clean and safe condition.			
<input type="radio"/> COMPLIANCE	<input type="radio"/> UNABLE TO DETERMINE	<input type="radio"/> NOT APPLICABLE	<input type="radio"/> NON-COMPLIANCE (Explain)

## Section 6

Swimming pool, beach, water activities, water hazards, equipment constructed and maintained in a clean and safe condition.			
<input type="radio"/> COMPLIANCE	<input type="radio"/> UNABLE TO DETERMINE	<input type="radio"/> NOT APPLICABLE	<input type="radio"/> NON-COMPLIANCE (Explain)

Name of Facility	License Number
------------------	----------------

## Section 7

Plumbing properly installed. Toilet and bathing facilities adequate and maintained in a clean and safe condition. Water temperature at accessible fixtures safe.

☐ COMPLIANCE
 ☐ UNABLE TO DETERMINE
 ☐ NOT APPLICABLE
 ☐ NON-COMPLIANCE (Explain)

## Section 8

Food, beverages, and ice are from approved sources and are properly protected. Utensils and equipment are constructed and maintained in a safe and sanitary condition. Food handling, preparation, display, service and transportation are maintained in a safe and sanitary condition.

**Note: 2000 PA 92, excludes child care organizations regulated under 1973 PA 116, MCL 722.111 to 722.128, as food service establishments.**

☐ COMPLIANCE
 ☐ UNABLE TO DETERMINE
 ☐ NOT APPLICABLE
 ☐ NON-COMPLIANCE (Explain)

## Findings/Recommendations

Please refer to Section Numbers, noting administrative rule number. Describe specific violation and means of correction for any items of non-compliance found during your inspection. Use additional sheets when necessary.

List rooms or areas inspected

## Recommended Rating (must be completed for ALL inspections):

- A. ☐ This facility has been determined to be in substantial compliance with applicable rules.  
 B. ☐ Because of the listed deficiencies, temporary approval is recommended until the next inspection or report.  
 C. ☐ Because of the listed deficiencies, temporary approval is recommended until \_\_\_\_\_ (date).  
 D. ☐ This facility has been determined to be in substantial non-compliance with applicable rules. Approval is not recommended.

Name of Inspecting Health Agency	
Address of Inspecting Health Agency	Agency Telephone Number
Sanitarian Signature	Date of Inspection
Printed Name	Time Spent
Facility Representative Signature	

AUTHORITY: 1973 PA 116

PENALTY: License issuance or renewal may be denied

LARA is an equal opportunity employer/program.

**Inspections prior to initial licensure and at renewal:**

Facility type	Capacity	Complete Sections 1 and 2	Complete Sections 3 thru 8	Legal Base
Family child care home	1 - 6	X (initial only when non-municipal)		1978 PA 368, Part 127
Group child care home	7 - 12	X		1978 PA 368, Part 127
Child care center	7 +	X (if non-municipal)	X	1976 PA 399
Children's camp (completed annually)	5 +	X	X	1976 PA 399

**Rules/Regulations for Inspections**

(For copies of any rules listed below, visit the website at [www.michigan.gov/bchs](http://www.michigan.gov/bchs) or contact the local licensing office.)

Facility type	Capacity	Rules/regulations for environmental inspections
Family child care home	1 - 6	R400.1933(1) and (2)
Group child care home	7 - 12	R400.1933(1) and (2)
Child care center	7 +	R400.8300 - R400.8385, excluding R400.83330, R400.8335, R400.8340
Children's camp and adult foster care camp	5 +	R400.11301 - R400.11319