

Preschool Inspection Form



Center: _____

Phone: () _____

Director: _____

Asst Director: _____

Certification #: _____

Total Capacity: _____

County: _____

Date of Inspection: _____

Fall / Spring Other: _____

Current Enrollment: _____

Inspected By: _____

Time In: _____ Time Out: _____

Accreditation: _____

An item marked (v) or (X) indicates COMPLIANCE. A circled item (0) indicates NON-COMPLIANCE and requires corrective action within 30 days. Failure to complete corrective action within the allotted time may result in suspension or revocation of certification and notification of status to the local licensing office of the Department of Children and Families and/or Department of Health

1. GOVERNANCE	
a. "Certified by FLOCS" on all publications	(A)
b. Proof of Attendance at Business Meetings	(A)
c. Permanent School Closing	(A)
d. Quarterly Self Inspections Conducted	(B)
e. Change of Status Form	(C)
2. CURRICULUM AND INSTRUCTION	
a. Religious Instruction Provided	(B)
b. Designed for Age Level of Children	(B)
c. Daily Time Schedule	(A)
d. Weekly Lesson Plans Used	(B)
3. STAFF	
a. Professing Christians	(A)
b. Current Director's Credential on File. Expiration Date _____	(C)
c. DCF 40 Hour Training	(B)
d. Annual 15 Hour In-Service Training	(B)
e. Provides Direct Supervision of Students	(C)
f. Proper Background Checks Completed	(C)
g. Affidavit of Good Moral Character	(A)
h. Annual Child Abuse Training Signed	(C)
i. Record of Date, Agenda & Attendance of Staff Meetings	(A)
j. Staff Handbook Available	(A)
k. Personnel Records Accessible	(B)
l. Personal Hygiene Evident	(NC)
m. Sufficient Staff-to-Student Ratio/Sub. List Number of Employees _____	(C)
4. STUDENT ADMISSION POLICIES AND RECORDS	
a. Enrollment Information on File	(A)
b. Emergency Information	(C)
c. Immunizations Current	(C)
d. Current Physical Exam (or Exemption Status)	(C)
e. Written Authorization for Medication	(A)
f. Identification Procedure Followed	(C)
g. Student Records Accessible	(B)
h. Student Entry/Exit Procedure Followed	(B)
i. Monthly Ratio Maintenance Form	(A)

5. CHILDREN	
a. Personal Hygiene Evident	(NC)
b. Individual Mat/Bedding Provided	(A)
c. Bedding Safe and Sanitary	(A)
d. 18" Between Nap Spaces	(A)
e. Proper Diaper Changing Area and Storage	(B)
f. Change of Clothes	(NC)
6. FAMILY AND COMMUNITY RELATIONS	
a. Parent/Student Policy Handbook Provided	(A)
b. Health Policy Signed by Parent	(A)
c. Discipline Policy Signed by Parent	(B)
7. HEALTH	
a. Adult on Premises with Current First Aid and Infant/Adult CPR	(C)
b. First Aid/CPR Handbook Available	(B)
c. First Aid Supplies Available	(B)
d. Accident/Incident Report Forms Used	(B)
e. Procedures Followed for Ill Children	(B)
f. Proper Isolation Facilities for Ill Children	(B)
g. Medications Stored Properly	(C)
h. Universal Body Fluid Precaution Kit	(B)
8. FIRE SAFETY	
a. Working Phone on Premises	(C)
b. Certified Fire Alarms or Equivalent	(C)
c. Fire Extinguisher Current	(C)
d. Fire Exit Signs & Routes Posted in Each Class	(C)
9. PHYSICAL FACILITIES	
a. Buildings Clean	(B)
b. Indoor Areas Safe and Sanitary	(B)
c. Sufficient Light and Ventilation	(B)
d. Room Capacities Posted	(B)
e. Dangerous Supplies Stored Properly	(B)
f. Outdoor Areas Safe and Fenced	(C)
g. Trees Trimmed	(C)
h. Fallout Areas Properly Padded	(A)
i. Accessible Drinking Water	(B)
j. No Firearms on Premises	(C)
k. Animal Regulations Followed	(A)
10. BATHROOM/KITCHEN	
a. Soap and Towels/Dryers Provided	(B)
b. Toilet and Sink Accessible to Children	(B)
c. Clean and Sanitary/Use of Gloves	(B)
d. Hand Washing/Sanitizing Solution	(B)
11. TRANSPORTATION <input type="checkbox"/> Yes <input type="checkbox"/> No PROVIDED:	
a. Drivers Hold Appropriate & Valid Licenses	(C)
b. Drivers Have Current First Aid & CPR Training	(C)
c. Drivers' Physicals on File (Yearly)	(C)
d. Child Restraints are Used, Where Applicable	(C)
e. Copy of Current Annual Vehicle Inspection in Vehicle	(C)
f. Transportation Records Maintained	(C)
g. Transportation Procedures in Place	(C)
12. FOOD SERVICES <input type="checkbox"/> Yes <input type="checkbox"/> No PROVIDED:	
a. Appropriate Health Certificate Posted	(B)
b. Thermometer in Refrig./Freezer	(A)
13. ITEMS DISPLAYED IN SCHOOL OFFICE	
a. License Exemption Letter	(NC)
b. Current FLOCS Certificate	(C)
c. Current Fire Inspection Date: _____	(C)
d. Monthly Fire Drills Recorded and Posted	(B)
e. Current Proof of Insurance Exp: _____	(C)
f. Copy of Vehicle Inspection, if Applicable	(NC)
g. List of CPR/1st Aid Certified Staff	(NC)
h. Director and Assistant Director's Info	(B)
i. Emergency Phone Numbers	(B)

Comments: _____

Violations Summary

Class A Total _____ X 5 _____

Class B Total _____ X 15 _____

Class C Total _____ X 30 _____

Total Pts. _____

Please Circle the Appropriate Box Below:
0-10 points. School of Excellence.

15-60 points. No fee. Center will be expected to correct the violations within 30 days, showing evidence at the next inspection. **An uncorrected violation will receive a Class C status automatically, regardless of what level the violation.**

65-110 points. \$50 fee. Center must comply within 30 days and a re-inspection may be required at the end of the 30 day period.

115-160 points. \$100 fee. Center must comply within 7 days from the date of this inspection. You are subject to a re-inspection within 30 days. You are hereby placed on 90-day probation, and may require an additional inspection at the end of the probation period.

Over 165 points. Center must surrender the certificate to the inspector immediately. DCF will be notified.

For Preschool Director/Administrator:

Correct Violations By: _____ Date _____

Follow-up Inspection By: _____ Date _____

Received By: _____ Print Name _____

Amount of Fees: _____

Mileage Paid: _____

Director Signature _____ Date _____

Re-Inspection is Needed: Yes No

Inspector Signature _____