



STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH - Sanitarian Services



# INSPECTION OF DAY CARE / RESIDENTIAL FACILITY

PLEASE PRINT OR TYPE

FACILITY NAME _____					<input type="checkbox"/> DAY CARE <input type="checkbox"/> RESIDENTIAL
ADDRESS _____	CITY _____	STATE _____	ZIP _____	PHONE ( ) _____	
OWNER / OPERATOR _____		LICENSE ANNIVERSARY _____	LICENSE NO. _____		
FOOD SERVICE PERMIT NO. _____		NO. LICENSED FOR _____	NO. IN ATTENDANCE AT TIME OF INSPECTION _____		

The above named establishment was inspected on this date and the operator's attention is directed to the items below that are marked with **X**

ITEM	REMARKS / RECOMMENDATIONS
	(NUMBER REMARKS TO CORRESPOND WITH CHECKLIST ITEM NUMBERS)
1. Food Service Permit	
2. Written Policies <b>21:010</b>	
3. Staff Training <b>21:010-9</b>	
4. Building Condition & Repair <b>Chapt. XVII</b>	
5. Lead Poisoning <b>Chapt. IV</b>	
6. Water Supply <b>Chapt. XII</b>	
7. Sewage Disposal <b>Chapt. XIII</b>	
8. Plumbing <b>Chapt. XIV &amp; 21:003-5</b>	
9. Toilet Training Chairs <b>21:004</b>	
10. Heating / Cooling, Ventilation <b>21:005</b>	
11. Lighting <b>21:006</b>	
12. Bedding <b>21:007</b>	
13. Food Preparation <b>21:008, 21:017</b>	
14. Milk <b>21:009</b>	
15. Infection & Disease Control <b>21:010</b>	
16. Cleaning & Disinfection <b>21:011</b>	
17. Coat Hooks / Cubicles <b>21:012</b>	
18. Hazardous Materials / Conditions <b>21:013</b>	
19. Insect / Rodent Proofing <b>21:014, :015</b>	
20. Isolation Area <b>21:016</b>	
21. Infant Area <b>21:018</b>	
22. Diapering Area <b>21:019</b>	
23. Outdoor Play Area <b>21:020</b>	
24. Swimming / Wading Pools <b>21:021</b>	

Owner / Operator is aware of employee, patient, and client health requirements of the State Sanitary Code, Chapter I, §1:008 and Chapter II, §2:007, 2:022-2:028 and certifies that this facility is in compliance.

\_\_\_\_\_  
SIGNATURE OF OWNER / OPERATOR

**INTERIM RECOMMENDATIONS** (Recommendation final ONLY if Form LHS 48 attached.)

License Renewal: \_\_\_\_\_ Recommended

\_\_\_\_\_ NOT Recommended, REINSPECTION SCHEDULED FOR \_\_\_\_\_ DATE

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SANITARIAN

DATE