

Middle School OST Inspection Form  
Child Care Licensing Program  
Substantial Compliance



Name of Program \_\_\_\_\_  
Address \_\_\_\_\_  
Staff Member in Charge \_\_\_\_\_  
Date of Inspection \_\_\_\_\_ Date of Monitoring Certificate \_\_\_\_\_

Staff Member	Ages	Enrolled	Present

Type of Visit:	Routine	Renewal of Monitoring Certificate		
Key: C= Compliance	NC= Noncompliance	NA=Not Applicable	NI=Not Inspected	*Comments

**SUPERVISION**

1. \_\_\_\_\_ General/Direct
2. \_\_\_\_\_ SMIC on Site
3. \_\_\_\_\_ Emergency Person
4. \_\_\_\_\_ Adult/Child Ratio

**DISCIPLINE**

5. \_\_\_\_\_ Disciplinary Practices

**REPORTING CHILD ABUSE/NEGLECT**

6. \_\_\_\_\_ Mandatory Reports

**PERSONNEL: Screening**

7. \_\_\_\_\_ General Qualifications/  
Level II Screening  
Education/Training
8. \_\_\_\_\_ 10 Clock Hour Training \*40 preferred
9. \_\_\_\_\_ In-Service Training

**RECORDS**

10. \_\_\_\_\_ Attendance
11. \_\_\_\_\_ Medication
12. \_\_\_\_\_ Accident/Incident Reports
13. \_\_\_\_\_ Field Trip Permission
14. \_\_\_\_\_ Contact Information

**PHYSICAL ENVIRONMENT**

15. \_\_\_\_\_ Fire Drills
16. \_\_\_\_\_ Corded Telephone

**PHYSICAL ENVIRONMENT**

17. \_\_\_\_\_ Indoor Space-Clean/Free of Hazards
18. \_\_\_\_\_ Outdoor Space-Clean/Free of Hazards
19. \_\_\_\_\_ Bathroom Facilities
20. \_\_\_\_\_ Indoor Equipment-Sufficient/Good Repair
21. \_\_\_\_\_ Outdoor Equipment-Sufficient/Good Repair
22. \_\_\_\_\_ Isolation Area
23. \_\_\_\_\_ Pest Control
24. \_\_\_\_\_ Handwashing Facilities Available
25. \_\_\_\_\_ Toxic/Hazardous Material Storage
26. \_\_\_\_\_ No Smoking
27. \_\_\_\_\_ No Narcotics/Alcohol/Impairing Drugs
28. \_\_\_\_\_ No Firearms/Weapons
29. \_\_\_\_\_ Drinking Water Access
30. \_\_\_\_\_ First Aid/CPR
31. \_\_\_\_\_ Emergency Telephone Numbers

**TRANSPORTATION**

32. \_\_\_\_\_ License/Examination
33. \_\_\_\_\_ Liability Insurance
34. \_\_\_\_\_ Vehicle Inspection
35. \_\_\_\_\_ Seating Capacity
36. \_\_\_\_\_ Attendance System

**FOOD AND NUTRITION**

37. \_\_\_\_\_ Quantity/Quality
38. \_\_\_\_\_ Appropriate Use of Single Serve Items

Comments: \_\_\_\_\_

License Board Staff \_\_\_\_\_  
Copy Received By \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_  
Copy Sent to JWB \_\_\_\_\_