

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. _____ Appropriate 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/Fire Safety Plan
16. _____ Wireless or 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/In-Person 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 _____