

REPORT OF ENVIRONMENTAL SANITATION INSPECTION
Requested by VIRGINIA DEPARTMENT OF EDUCATION
As authorized by Title 22.1 Code of Virginia

NAME OF FACILITY: _____ LICENSED CAPACITY: _____

NAME OF OPERATOR: _____ LOCATION ADDRESS: _____

TYPE OF FACILITY (Choose one)

Family Day Home

Licensed Child Day Center

Religiously Exempt Child Day Center

Certified Preschool or Nursery School Program

SECTION A: GENERAL SANITATION

1. Approved by the health department: Yes No

2. If No, describe general observations: _____
Date to be corrected: _____

SECTION B: WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS

1. **Water Supply:** Public Non-public
A. Owned by _____
B. If public, operated by one or more municipalities Yes No N/A
C. Approved by health department: Yes No
D. Date of most recent non-public water sample _____
E. Comments/description of violations: _____
Date to be corrected: _____

2. **Sewage Disposal System:** Public Non-public
A. Owned by _____
B. If public, operated by one or more municipalities Yes No
C. Approved by health department: Yes No
D. Comments/description of violations: _____
Date to be corrected: _____

SECTION C: FOOD SERVICE OPERATIONS: (Attach copy of Health Department Inspection Form)

1. Food service operations are in compliance with *The Commonwealth of Virginia Board of Health Food Regulations*:
 Yes No N/A

2. Comments/Description of violations: _____
Date to be corrected: _____

SECTION D: SWIMMING POOLS:

(Applicable to: children's residential facilities annually; local ordinance may dictate inspections at other types of facilities listed in section A of this form. Check appropriate category below and complete rest of this section as applicable to the type of facility being inspected. Attach a copy of the health department's inspection form if applicable.)

1. Local ordinance does not require inspection of pools. This facility does not have a pool on site. Inspection conducted today.
2. Date last inspection: _____ Completed by: health department state local or private swimming pool business
3. Specify name of private business: _____
4. Comments/Description of violations: _____
Date to be corrected: _____

SUMMARY AND RECOMMENDATIONS:

1. Additional health hazards observed? No Yes If yes specify the hazard observed and the date by which the facility is to have the corrections completed: _____

2. Do you plan to conduct a follow-up inspection to verify correction of the above violation(s)? No Yes, specify date: _____

(County/City) (Telephone Number) (Signature of Health Director or Designee) (Date of Inspection)

ORIGINAL TO FACILITY: COPIES TO DOE LICENSING AND THE INSPECTING AUTHORITY

Rev (5/2023)