

County _____

Inspection Date _____

Facility Name _____

License Number _____

Purpose _____

Capacity _____

Time IN _____

Time OUT _____

Transition Periods Observed

- Arrival
- Meal Time
- Transportation
- Rest Room
- Playground/Outside Play
- Naptime/Rest Time
- Diaper Change
- Departure

Facility Owner/Director

MSDH Child Care Facility Inspector

Facility License #: _____

Arrival	Classroom/Age Group _____
1. Staff-to-child ratios are in place during arrival time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
2. Children are properly attended at all times during arrival time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
4. All children were checked in at arrival by an authorized individual.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Observation/Recommendation:

5. Children arrived at the proper destination (Classroom/Age Group, school, etc.).

- Yes
- No

Observation/Recommendation:

6. Children are properly grouped during arrival times.

- Yes
- No

Observation/Recommendation:

7. Age-appropriate activities and materials are available to all children during arrival times.

- Yes
- No

Observation/Recommendation:

Facility License #: _____

Meal Time	Classroom/Age Group _____
1. Staff-to-child ratios are in place during mealtime.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
2. Children are properly attended at all times during mealtime.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

Facility License #: _____

4. Children and staff adhere to proper handwashing procedures (soap, paper towels, trash can, step stools).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:	
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5. The staff adheres to safe food handling (allergies, shared food).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:	
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6. A process for mealtime cleanup is in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:	
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Facility License #: _____

7. The facility is serving a meal at the time indicated on the facility schedule.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:	
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8. The facility is following an approved menu.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Facility License #: _____

Transportation		Classroom/Age Group _____	
<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Field Trip			
1. Staff-to-child ratios are in place during transportation.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Observation/Recommendation:			
2. Children are properly attended during transportation. (e.g., loading, unloading, walking into/out of the facility).		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Observation/Recommendation:			
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Observation/Recommendation:			

Facility License #: _____

4. Seat restraints, car seats, and/or booster seats are accessible and utilized during the entire transport.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:	
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5. Individual seats (i.e., children are not sharing seats/seatbelts) are available and functional for each child during the entire transport.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:	
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6. Emergency equipment (e.g., stocked first aid kit, fire extinguisher, etc.) is available on the vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:	
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Facility License #: _____

Restroom Breaks	Classroom/Age Group _____
1. Staff-to-child ratios are in place during restroom breaks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
2. Children are properly supervised during a restroom break.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

Facility License #: _____

4. Hand washing supplies are provided (soap, paper towels, trash can, step stool).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:

5. Sinks and toilets are operational (i.e., hot, and cold running water) and clean.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:

Facility License #: _____

Playground/Outdoor Time	Classroom/Age Group _____
1. Staff-to-child ratios are in place during playground/outdoor time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
2. Children are properly supervised during playground/outdoor time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

Facility License #: _____

4. Enough staff is present (possibly including a floater) for instances when children to go to the bathroom, emergencies, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:

5. Teachers conduct headcounts before/during/after playground time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:

6. Teachers are properly supervising children (i.e., no cell phones, keeping eyes on children, spread out across the playground area).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:

Facility License #: _____

7. No hazards are present on the playground/outdoor play area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:	
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8. Sun safe practices are utilized when appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:	
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Facility License #: _____

Nap Time/Rest Time	Classroom/Age Group _____
1. Staff-to-child ratios are in place during naptime/rest time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
2. Children are properly supervised during naptime/rest time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

Facility License #: _____

4. Adequate space is available to keep personal items (e.g., blankets, stuffed animals, etc.) separate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:

5. There is at least two (2) feet between mats/cots -OR- an impenetrable barrier exists between mats/cots. <input type="checkbox"/> <i>Satisfactory Standardization</i> <input type="checkbox"/> <i>Unsatisfactory Standardization</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:

6. Classroom/Age Group environment allows staff to see and/or hear a child in distress (not too dark, music not too loud, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:

Facility License #: _____

7. Facility mats are sanitized after each use.

Yes

No

Observation/Recommendation:

Facility License #: _____

Diaper Change	Classroom/Age Group _____
1. Staff-to-child ratios are in place during diaper changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
2. Children are properly supervised during diaper changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

Facility License #: _____

4. Potty chairs are in an appropriate area and sanitized.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:

5. The staff adheres to proper handwashing procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:

6. Children's hands are being washed by a proper handwashing procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:

Facility License #: _____

7. Sinks are operational (hot and cold running water).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:	
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8. The diaper changing area is clean and supplied (i.e., storage bin, sanitizing solutions, gloves, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Observation/Recommendation:	
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Facility License #: _____

Departure	Classroom/Age Group _____
1. Staff-to-child ratios are in place during departure time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
2. Children are properly supervised during departure time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

Facility License #: _____

4. Children are properly grouped during departure times.

Yes

No

Observation/Recommendation:

5. Age-appropriate activities and materials are available to all children during departure times.

Yes

No

Observation/Recommendation:

Facility License #: _____

Game Plan

Recommendation #1

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Recommendation #2

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Facility License #: _____

Game Plan

Recommendation #3

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Recommendation #4

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Facility License #: _____

Game Plan

Recommendation #5

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Recommendation #6

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Facility License #: _____

Game Plan

Recommendation #7

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Recommendation #8

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Instructions for Form 1182 Observation Based Inspection

Revision Date

1/16/2020

Purpose

This form has been created as a means for MSDH Child Care Facility Inspectors to conduct an Observation Based Inspection for Child Care Facilities.

Instructions

1. Complete Facility Information by providing the following information:
County: County of the facility being inspected
Inspection Date: Date inspection is being conducted
Facility Name: Name of facility being inspected
License Number: Licensing number of facility being inspected
Purpose: Observation Based Inspection -or- Observation Based Inspection Follow-up
Capacity: Capacity of facility being inspected
Time IN: Time inspection begins, and inspector enters facility
Time OUT: Time inspection ends and inspector leaves facility
2. Place a checkmark in the box for each transition period that will be observed during the inspection.
 Arrival Meal Time Transportation Rest Room Playground/Outside Play
 Naptime/Rest Time Diaper Change Departure
3. For each transition time that is observed, write in the Classroom/Age Group name/age group being observed, if applicable.
4. For each transition time that is observed, indicate by placing a checkmark in the Yes or No box, whether the facility staff is displaying the appropriate behavior.
5. As each transition time is observed, document what is observed and what recommendations may be made to address any issues/situations that may be present.
6. Once the observation period is finished, use the Game Plan section of the form to document:
 - a. What is causing the issue
 - b. How will the issue be improved
 - c. Who is responsible for completing the action plan for improvement
 - d. What resources may be needed, if applicable
 - e. Timeframe for completing the action plan
7. Review the entire inspection document with the Owner/Director of the facility.
8. Have the Owner/Director sign the inspection form.

Office Mechanics and Filing

The application will be scanned and uploaded to the Licensing and Reporting System (LARS), where an electronic copy will be kept.

Retention Period

Records will be retained for two (2) years from the date that the observation based inspection took place.