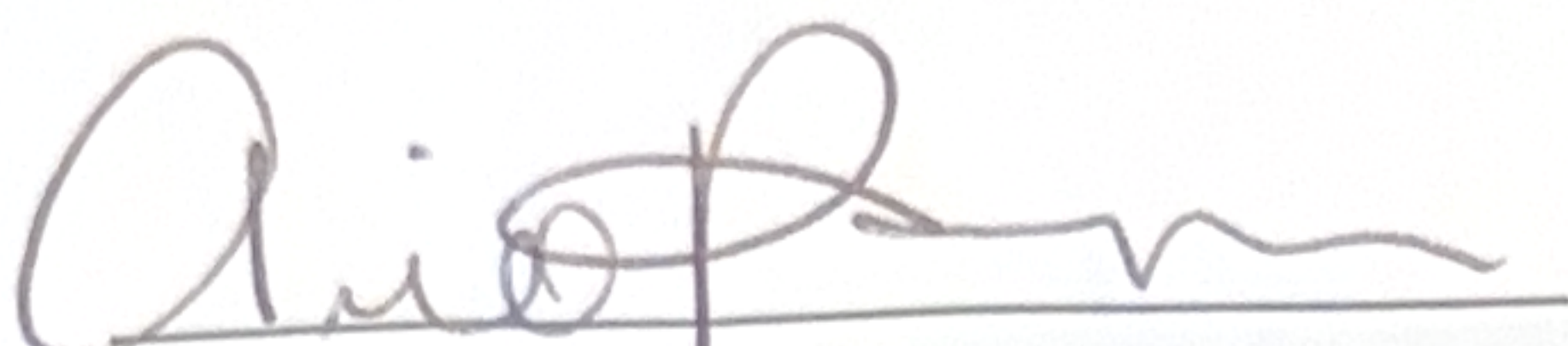



 Provider's Signature

Inspection Type: _____
 Inspection Number: _____
 Date: _____
 Time: _____
 Inspector Name: _____

1	Exclusive use of study areas	Observed
2	Designated space for any grouping of children	Observed
3	Bathrooms located in secure level/floor area only	Observed
4	One flush toilet for each 15 children	Observed
5	One handwashing sink for each 15 children	Observed
6	One hot (over 100°F) water supply	Observed
7	First aid kit accessible to all staff	Observed
8	One handwashing sink with warm running water and paper towels in each room	Observed