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)
- Assisted Living Facility
- Family Day Home
- Religiously Exempt Child Day Center
- Children’s Residential Facility
- Licensed Child Day Center
- Certified Preschool or Nursery School Program
- Independent Foster Home
- Adult Day Care Center
- Family Day Home
- Licensed 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:
   - Owned by _____________________________________________________________
   - Public ☐ Non-public ☐
   - If public, operated by one or more municipalities ☐ Yes ☐ No ☐ N/A
   - Approved by health department: ☐ Yes ☐ No
   - Date of most recent non-public water sample __________________________
   - Comments/description of violations: ________________________________________________________________________________________
   Date to be corrected: ______________________________

2. Sewage Disposal System:
   - Owned by _____________________________________________________________
   - Public ☐ Non-public ☐
   - If public, operated by one or more municipalities ☐ Yes ☐ No
   - Approved by health department: ☐ Yes ☐ No
   - 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 DSS LICENSING AND THE INSPECTING AUTHORITY
032-05-0159-09-eng (05/09)