

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**INSPECTION SUMMARY FOR LEGALLY EXEMPT
INFORMAL CHILD CARE PROVIDER**

This form summarizes the findings of the OCFS-LDSS-7028, Legally Exempt Informal Child Care Program Inspection Report.

DATE: / /	PROVIDER'S NAME:	ENROLLMENT ID (CCFS NO.):
START TIME:	END TIME:	INSPECTOR'S NAME:
REASON FOR INSPECTION: <input type="checkbox"/> ANNUAL <input type="checkbox"/> COMPLAINT <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> OTHER (SPECIFY):		SITE ADDRESS:

A. COMPLIANCE

1. Standard Requirements

- a. Violations. One or more regulatory violations found.
- b. No violations found.

B. CORRECTIVE ACTION STATUS

- 1. Not applicable. No regulatory violations found.
- 2. All regulatory violations recorded and corrected on-site. Corrective Action Plan (CAP) completed and given to program.
- 3. All regulatory violations recorded, CAP completed and given to program. Corrections are pending.
- 4. Other: _____

C. IMPACT ON ENROLLMENT STATUS

- 1. None
- 2. Change (describe): _____

D. OTHER AGENCY INVOLVEMENT

- 1. Office of Children and Family Services (OCFS) regional office
- 2. Local department of social services
- 3. Child and Adult Care Food Program
- 4. Health care consultant
- 5. Other: _____

ACKNOWLEDGEMENT	
INSPECTOR'S SIGNATURE: X	DATE: / /
PROVIDER'S SIGNATURE: X	DATE: / /
PROVIDER'S PRINTED NAME:	DATE: / /
REVIEWED BY ENROLLMENT AGENCY SUPERVISOR (PRINTED NAME):	
ENROLLMENT AGENCY SUPERVISOR SIGNATURE: X	DATE: / /