

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

This form summarizes the findings of the **OCFS-LDSS-7029**, *Legally Exempt Group Child Care Program Inspection Report*.

DATE: / /	INSPECTOR'S NAME:	PROGRAM'S LEGAL NAME:	ENROLLMENT ID (CCFS NO.):
START TIME: END TIME:	REASON FOR INSPECTION: <input type="checkbox"/> Annual <input type="checkbox"/> Complaint <input type="checkbox"/> Enhanced Requirements <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify):	PROGRAM'S SITE ADDRESS:	
A. Compliance 1. Enhanced Requirements Enhanced Requirements – Health <input type="checkbox"/> Health Care Plan, VERIFIED <input type="checkbox"/> Staff CPR training certificates, VERIFIED Enhanced Requirements – Training <input type="checkbox"/> Directors' training, +15 hours, VERIFIED <input type="checkbox"/> Staff training, +5 hours, VERIFIED 2. Standard Requirements <input type="checkbox"/> a. Violation. One or more violation(s) found. <input type="checkbox"/> b. No violations found.		2. Enhanced Requirements Enhanced Requirements – Health <input type="checkbox"/> Health Care Plan, VERIFIED <input type="checkbox"/> Staff CPR training certificates, VERIFIED Enhanced Requirements – Training <input type="checkbox"/> Directors' training, +15 hours, VERIFIED <input type="checkbox"/> Staff training, +5 hours, VERIFIED	
B. Corrective Action Status <input type="checkbox"/> 1. Not applicable. No regulatory violation found. <input type="checkbox"/> 2. All regulatory violation(s) recorded and corrected on-site. Corrective Action Plan (CAP) completed and given to program. <input type="checkbox"/> 3. All regulatory violation(s) recorded, CAP completed and given to program. Corrections are pending. <input type="checkbox"/> 4. Other: _____			
C. Impact on Enrollment Status <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Change (describe): _____			
D. Other Regulatory Oversight Agency <input type="checkbox"/> 1. New York City Department of Education <input type="checkbox"/> 2. New York City Department of Health and Mental Hygiene <input type="checkbox"/> 3. New York State Department of Health <input type="checkbox"/> 4. New York State Department of Education <input type="checkbox"/> 5. Out-of-State government agency <input type="checkbox"/> 6. Tribal nation (non-CCDF grantee) <input type="checkbox"/> 7. United States government agency (other than Department of Defense)			
E. Other Agency Involvement <input type="checkbox"/> 1. Office of Children and Family Services (OCFS) regional office <input type="checkbox"/> 2. Local department of social services <input type="checkbox"/> 3. Child and Adult Care Food Program <input type="checkbox"/> 4. Health care consultant <input type="checkbox"/> 5. Other: _____			
ACKNOWLEDGEMENT			
INSPECTOR'S SIGNATURE:			
ON-SITE DIRECTOR'S/PROGRAM REPRESENTATIVE'S SIGNATURE:			
ON-SITE DIRECTOR/PROGRAM REPRESENTATIVE (PRINTED NAME):			DATE: / /
REVIEWED BY ENROLLMENT AGENCY SUPERVISOR (PRINTED NAME):			
ENROLLMENT AGENCY SUPERVISOR'S SIGNATURE:			DATE: / /