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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------|--|---------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|
|  Utah Department of<br><b>Health &amp; Human Services</b><br>Licensing & Background Checks                                                                                                      |                                   | <b>Child Care Licensing GENERAL Inspection Checklist</b>                     |  |               |                                                                                       | This inspection checklist is the tool CCL licensors use to ensure consistency for every inspection. (Revised 9/2022) |  |
|                                                                                                                                                                                                                                                                                 |                                   | <a href="http://Childcarelicensing.utah.gov">Childcarelicensing.utah.gov</a> |  |               |                                                                                       |                                                                                                                      |  |
| Facility Name:                                                                                                                                                                                                                                                                  |                                   | Facility ID:                                                                 |  |               |                                                                                       |                                                                                                                      |  |
| Provider or Director:                                                                                                                                                                                                                                                           |                                   | Approved Capacity:                                                           |  |               | Number of Rooms:                                                                      |                                                                                                                      |  |
| <b>General Notes:</b>                                                                                                                                                                                                                                                           |                                   |                                                                              |  |               |                                                                                       |                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                 |                                   |                                                                              |  |               |                                                                                       |                                                                                                                      |  |
| - All areas that are inaccessible to children in care must remain inaccessible for this inspection. During the inspection, <u>the licensor will ask to have locked areas unlocked</u> . All accessible areas must be compliant with all applicable rules during the inspection. |                                   |                                                                              |  |               |                                                                                       |                                                                                                                      |  |
| - I will email you this inspection checklist after the inspection is completed. I will send you an official inspection report once this inspection has been approved by CCL management.                                                                                         |                                   |                                                                              |  |               |                                                                                       |                                                                                                                      |  |
| - If the only rule noncompliances are documentation and/or records, please submit them to Licensing by the correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any rule noncompliance.                       |                                   |                                                                              |  |               |                                                                                       |                                                                                                                      |  |
| - You may submit feedback on this inspection through your Child Care Licensing Portal or at <a href="https://childcarelicensing.utah.gov/EvalForm.html">https://childcarelicensing.utah.gov/EvalForm.html</a>                                                                   |                                   |                                                                              |  |               |                                                                                       |                                                                                                                      |  |
| <b>Signature Information</b>                                                                                                                                                                                                                                                    |                                   |                                                                              |  |               |                                                                                       |                                                                                                                      |  |
| Inspection Type:                                                                                                                                                                                                                                                                |                                   | Date:                                                                        |  | Time Started: |                                                                                       | Time Ended:                                                                                                          |  |
| Number of Rule Noncompliances:                                                                                                                                                                                                                                                  |                                   | Name of Individual Informed of this Inspection:                              |  |               |                                                                                       |                                                                                                                      |  |
| Licensor(s) Conducting this Inspection:                                                                                                                                                                                                                                         |                                   |                                                                              |  |               | CCL Staff Observing Inspection:                                                       |                                                                                                                      |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                        | CCL licensor reviewed compliance. | Sign or type name and date this inspection compliance was reviewed:          |  |               |  |                                                                                                                      |  |

[illegible]

[illegible]