

CHILD/ADULT CARE INSTITUTIONS

Corpus Christi- Nueces County Public Health District
 Environmental and Consumer Health Protection Division
 P.O. Box 9727 (78469-9727) 1702 Horne Road (78416)
 Corpus Christi, Texas
 (361) 851-7223

No. 1453

Name of Facility _____ Type _____
 Address _____ City _____ State _____ Zip _____
 Person in Charge _____
 Licensed No. of Child/Adult _____ No. of Child/Adult Enrolled _____ Age Range of Child/Adult _____
 Inspection Date _____ Time _____ Purpose: Annual [] Regular [] Follow-up [] Complaint []

	Yes	No	NA
1. Facility, equipment and grounds kept clean; in good repair and free of hazards to children/adults	[]	[]	[]
2. Food is obtained from approved sources	[]	[]	[]
3. Food is protected during preparation, storage, etc.	[]	[]	[]
4. Thermometers provided for refrigerators	[]	[]	[]
5. Kitchen and all food preparation, storage and serving areas kept clean	[]	[]	[]
6. Facility has adequate supply of water that meets the standard for drinking water of the Texas Department of Health	[]	[]	[]
7. Facility has adequate, safe sewage disposal system	[]	[]	[]
8. Plumbing is in good condition	[]	[]	[]
9. Facility has hot and cold running water	[]	[]	[]
10. Required amount of toilet and lavatory facilities available	[]	[]	[]
11. Bathrooms are kept clean	[]	[]	[]
12. Soap, towels and toilet paper available	[]	[]	[]
13. Garbage is removed at least once a week	[]	[]	[]
14. Garbage is kept in metal or plastic containers with tight fitting lids and in an area away from children	[]	[]	[]
15. Facilities kept free of insects and rodents	[]	[]	[]
16. Grounds well-drained and free of garbage and rodents	[]	[]	[]
17. Facility has adequate ventilation, lighting and heating	[]	[]	[]
18. Windows and doors secure and insect and rodent proof	[]	[]	[]
19. Cleaning supplies, insect sprays, medicines and other harmful materials are properly used, and labeled	[]	[]	[]
20. Accessible electric outlets in rooms used by children which have protective, child-proof covers	[]	[]	[]
21. Beds and beddings are clean, comfortable and properly stored	[]	[]	[]
22. Storage for clothing and personal possessions available	[]	[]	[]
23. Swimming pool properly maintained and operated	[]	[]	[]
24. Pets have current vaccinations and are free of ectoparasites	[]	[]	[]

THIS FACILITY MEETS HEALTH DEPARTMENT REQUIREMENTS [] []
 FOLLOW-UP INSPECTION REQUIRED BY: _____

Received by: _____
 Title: _____
 Inspected by: _____
 Title: _____

FOR OFFICIAL USE ONLY:

INSPECTION FEE _____

CHECK NO. _____

DATE _____

RECEIVED BY _____