

**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"/> COMPLIANT <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. **Compliant**

**B. CORRECTIVE ACTION STATUS**

- 1. Not applicable. No regulatory violations found.
- 2. All regulatory violations recorded and corrected on-site. 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: \_\_\_\_\_

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