CHILD CARE CENTER NARRATIVE

State Form 46410 (R2 / 9-05) / BCD 0078

Name of center	
Address (*number and street, city, state, ZIP code*)	
Licensed capacity	Total number of children present
Discussed with: (*please print*)	Licensed for age(s) Through

CHILD / STAFF RATIOS

I T 2 3 4 5 6 & older _____ : _____	I T 2 3 4 5 6 & older _____ : _____	**ALL CHILDREN SUPERVISED**
I T 2 3 4 5 6 & older _____ : _____	I T 2 3 4 5 6 & older _____ : _____	☐ **YES**
I T 2 3 4 5 6 & older _____ : _____	I T 2 3 4 5 6 & older _____ : _____	☐ **NO**
I T 2 3 4 5 6 & older _____ : _____	I T 2 3 4 5 6 & older _____ : _____	
I T 2 3 4 5 6 & older _____ : _____	I T 2 3 4 5 6 & older _____ : _____	
I T 2 3 4 5 6 & older _____ : _____	I T 2 3 4 5 6 & older _____ : _____	
I T 2 3 4 5 6 & older _____ : _____	I T 2 3 4 5 6 & older _____ : _____	
I T 2 3 4 5 6 & older _____ : _____	I T 2 3 4 5 6 & older _____ : _____	

REVIEWED FOLLOWING SECTIONS OF REVIEW / ASSESSMENT SHEETS

	Ratios / Supervision *		Naptime		Transportation
	Personnel *		Program		Posted Items *
	Policies / Procedures		Building / Grounds *		Food *
	Personal Hygiene *		Equipment		Discipline
	Staff Records		Pools		Two Year Olds
	Children's Records		Field Trips		School Age

INFANT TODDLER SECTIONS

	Ratios / Supervision *			Naptime
	Personnel *			Food *
	Program / Activities			
	Building / Grounds / Equipment			

Consultant:	
ID#	
Date:	
POI Issued:	
Date of licensing recommendation:	
License recommended:	
Start Time:	
End Time:	
Type of visit: ☐ Annual ☐ Complaint ☐ Other defined visit	

COMMENTS:

Signature of person with whom discussion took place	Title	Date (*month, day, year*)

DISTRIBUTION: White - FSSA/BCD; Canary - FSSA/BCD; Pink - Child Care Center

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License number
Date (*month, day, year*)

COMMENTS