City of Copperas Cove

Environmental Health Inspection Form

City of Copperas Cove Health Department

FOSTER CARE/ADOPTION HEALTH INSPECTION

NAME:_____ TYPE: ☐ FOSTER HOME ☐ ADOPTION

ADDRESS:_____
STREET CITY STATE ZIP

INSPECTION DATE:_____ TIME:_____

PURPOSE: ☐ NEW APPLICATION ☐ ANNUAL ☐ FOLLOW UP

NUMBER OF CHILDREN_____ AGES_____

	YES	NO	N/A
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 are kept clean and sanitized.	☐	☐	☐
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 paper available.	☐	☐	☐
11. Bathrooms are kept clean.	☐	☐	☐
12. Soap, towels and toilet paper available.	☐	☐	☐
13. Garbage is removed a least ounce a week.	☐	☐	☐
14. Garbage is kept in plastic containers with tight fitting lids and in an area away from children.	☐	☐	☐
15. Facility has adequate ventilation, lighting and heating.	☐	☐	☐
16. Grounds well-drained and free of garbage/rodents.	☐	☐	☐
17. Facility had adequate ventilation, lighting and heating.	☐	☐	☐
18. Windows and doors secure and are insect/rodent proof.	☐	☐	☐
19. Cleaning supplies, insect sprays, medicines and any other harmful materials are properly used and labeled.	☐	☐	☐
20. Accessible electric outlets in rooms used by children have protective, childproof covers.	☐	☐	☐
21. Beds and bedding 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 free of ectoparasites.	☐	☐	☐

THIS FACILITY MEETS HEALTH REQUIREMENTS: ☐ YES ☐ NO
IF NO, FOLLOW UP INSPECTION REQUIRED:_____ DATE _____ TIME

Inspected by:_____ Title:_____

Signature_____

SAMPLE