

Child Care Facility Inspection

County Tish		Date	
Facility Name Laughi Lour		License Number 6545	
Purpose_PR			
All Items In Red Are Critical In Out COS	5 N/A	Other Items - Must be corrected	
Qualified director present Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible Certified food manager		Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair	
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning		Heating/cooling approved	
Waste water system approved and functioning			
Possible Monetary Penalty Monetary Per	nalty	Large appliances located properly Sinks and toilets working properly	
1\$		exceed 120°	
2\$\$\$		Vending machine snacks meet	
4\$		single action approved and in good working order	
5\$		Exits unobstructed Required smoke detectors, carbon	
Age/Child/Staff Name		monoxide monitors, fire extinguishers and thermometers placed properly and	
contails 5 intel		in good working order	
235 10/2		First aid kits stocked and easily accessible Playground area clean, shaded, well	
34. 6/3		drained and equipped and fence in good repair	
4. 8)4		Playground equipment meets standards	
6. 10/schulage 7.		Pool area clean, fenced, and adequately maintained	
		(manage and manage and	
Center Director/Individual		Child Care Representative Culy mv	



Child Care Encounter

	Child Care Encounter	
District		Date 8 13 20
Name Laugh & Lean	License No	०८५८
Address 155 Seanst.	Golden ms Center/Organization/Individual	
Purpose PR	Center/Organization/Individual	
1	Director Devin R	indubuli
Mileage Start	Mileage End	
County_Tisk	Telephone No. 454	·95 58
Time In 2:.00	Time Out Total Time	me
Findings/Comments	ere officel dida prospectua	on room meets
W director t	Virginia Berry	
	Contact hours created	
	Files chedul by facility 13	21'5 Elas is
	leitelen received on 'A"	Campiane
	Plassand- Pass	
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- Failing pass	ed to Revolor License	
1 Batham Led	Flooring missing facility was in	mareis if other dur
New Floorn as	and it was completed within	2 day conjecture sent.
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	Indiana III-	
	Mons	White Copy - Facility File Yellow Copy - Operator
Center Director/Designee/Individual	Child Care Representative	tonon copy - operator

Food Service Facility Inspection Results

PIMS ID Faci	lity Name, Address		Date
6545	Laughthen		8/12/20
		CORRECTION PLAN AN	D SCHEDULE
CRITICAL VIOI	ATIONS	CORRECTION I DAINING	
no critical violeturs ortodays			
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	= 00010 P ··· N- Charma	Certified Manager	Licence Number
☐ 92020 Scheduled	☐ 92010 Permit No Charge ☐ 92015 Permit 1 \$30.00	Columba Manager	MANUAL TOWNS OF THE PARTY OF TH
☐ 92030 Followup ☐ 92040 Complaint	92013 Permit 2 \$100.00	la .	
92050 Consultation	☐ 92012 Permit 3 \$150.00		
☐ 92070 Plan Review/Const.	☐ 92013 Permit 4 \$200.00		
☐ 92080 No Inspection		Facility Signature	
☐ 92090 Restaurant Training			
Permit Date Environmentalist Code		Environmentalist Signature	
		L GOOT	
Please Remit within 10 days to:		White Copy - Facility Yellow Copy - PIMS	
·		Pink Copy- Environmentalist	
		No. 1440000	
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