

Expiration Date of Health Inspection: _____

**Child and Adult Care Food Program
At Risk Sites**

Health Inspection Waiver

This form verifies that the _____ Department of Health does not require
(City/County)

Health Inspections to be conducted at the address listed below.

(Name and address of center)

The reason this department does not require such an inspection at the above address is as follows:

_____ House Bill 2218 and Senate Bill 806 effective March 15, 2007

Name and Title of Department of Health Representative

Signature of Department of Health Representative

Date

This health inspection waiver is valid for up to one year from the authorized signature date.