



**CHILDREN'S CENTER OPERATED IN FACILITY
OWNED BY THE PINELLAS COUNTY SCHOOL BOARD**

BUILDING, ELECTRICAL, FIRE

CERTIFICATE OF APPROVAL

Date of Inspection _____

Name of Children's Center

Located at _____
Address City Zip

The premises located at the above address was inspected by this department and was found in **compliance** to the best of our knowledge, with the ordinances, rules, and regulations administered by the undersigned pertaining to such establishments.

Premises inspected include the following: Entire building _____
 Multi-buildings _____
Name/number of building
 Specific areas _____
Name/number of space

Print Inspector's Name: _____ Telephone #: _____

Signature: _____

Title: _____

Department or Agency: _____

**Return original to: Pinellas County Health Department
Child Care Licensing Program
4175 East Bay Drive, Suite 350
Clearwater, Florida 33764**