



CHECKLIST FOR CHILD CARE CENTERS HEALTH/FOOD/SANITATION SURVEY

State Form 45880 (R4 / 3-05) / BCD 0038

All regulations are preceded by 470 IAC 3-4

Child Care Health Section
Division of Family Resources
Family and Social Services Administration

Licensing ID number			
Name of facility		E-mail address	Location of facility (number and street)
City		ZIP code	County
Mailing address (number and street)		City	ZIP code
Number of children licensed for:		Age of children licensed for: From: _____ To: _____	Telephone number () ()
Dishwashing type <input type="checkbox"/> 3-compartment sink <input type="checkbox"/> Commercial dishwasher <input type="checkbox"/> N/A		Vendor	Last survey date
Food preparation <input type="checkbox"/> Cook <input type="checkbox"/> Vend <input type="checkbox"/> Both		Food program approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Health program approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Water <input type="checkbox"/> Public <input type="checkbox"/> Private	Water sample number	Water sample date (month, day, year)	Water sample <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Date of current survey (month, day, year)		Time of current survey Start: <input type="checkbox"/> AM <input type="checkbox"/> PM	Purpose of current survey <input type="checkbox"/> Annual <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-up <input type="checkbox"/> Probation
Name of surveyor		Name of director	
Days open (check all that apply) <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			Hours open From: _____ To: _____
Number of toilets / urinals		Number of lavatories	Number of infant/toddler toilets
Number of infant/toddler lavatories		Number of toddler rooms	Number of infant rooms

I - CHILD CARE				
1. RECORDS	Yes	N/A	No	REPEAT NONCOMPLIANCE
a. Staff records shall include date of employment. (3-4.7-41)				1-5
b. Children's records shall include date of admission. (3-4.7-36)				1-5

2. RATIOS					
Toilets/Sinks	Room	Age Group (check appropriate ages)			Ratios
		Infant / Toddler	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:	
		Infant / Toddler	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:	
		Infant / Toddler	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:	
		Infant / Toddler	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:	
		Infant / Toddler	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:	
		Infant / Toddler	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:	
		Infant / Toddler	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:	
		Infant / Toddler	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:	

2. RATIOS (continued)

Toilets/Sinks	Room	Age Group (<i>check appropriate ages</i>)	Ratios
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:
		Infant / Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and older	:

3. 470 IAC 3-4.7-89 COMMUNICABLE DISEASE	Yes	N/A	No	Repeat	
a. Written communicable disease policy available. [3-4.7-89(a)]					2
4. 470 IAC 3-4.7-15 PERSONNEL POLICIES					
a. Written infectious disease policy available. [3-4.7-15(l)(a)]					2
b. Infectious disease policy should include, but not be limited to the following:					1-5
1. Hepatitis A [3-4.7-15(c)(A)]					
2. Cytomegalovirus (CMV) [3-4.7-15(c)(1)(B)]					
3. Chicken Pox [3-4.7-15(c)(1)(C)]					
4. Rubella [3-4.7-15(c)(1)(D)]					
5. Measles [3-4.7-15(c)(1)(E)]					
6. Pertussis [3-4.7-15(c)(1)(F)]					
7. Fifth disease [3-4.7-15(c)(1)(G)]					
8. Influenza [3-4.7-15(c)(1)(H)]					
9. Tuberculosis [3-4.7-15(c)(1)(I)]					
10. Shigellosis [3-4.7-15(c)(1)(J)]					
11. Giardiasis [3-4.7-15(c)(1)(K)]					
12. Meningococcal disease [3-4.7-15(c)(1)(L)]					
13. Group A Streptococcus [3-4.7-15(c)(1)(M)]					
14. Ringworm [3-4.7-15(c)(1)(N)]					
15. Scabies [3-4.7-15(c)(1)(O)]					
16. Lice [3-4.7-15(c)(1)(P)]					
17. Herpes [3-4.7-15(c)(1)(Q)]					
18. Cryptosporidiosis [3-4.7-15(c)(1)(R)]					
19. Diarrhea caused by escherichia coli (E. Coli) [3-4.7-15(c)(1)(S)]					
20. Rotavirus [3-4.7-15(c)(1)(T)]					
21. Campylobacterium [3-4.7-15(c)(1)(U)]					
22. Salmonella [3-4.7-15(c)(1)(V)]					
23. Diarrhea and vomiting [3-4.7-15(c)(1)(W)]					
TOTAL					

5. 470 IAC 3-4.7-19 POSTED ITEMS	Yes	N/A	No	Repeat	
a. The following items shall be prominently posted in a place regularly viewed by parents:					1-20
1. The license [3-4.7-19(a)(1)]					
2. The name of the director and the name of the person in charge in the director's absence. [3-4.7-19(a)(2)]					
3. A child/staff ratio chart [3-4.7-19(a)(3)]					
4. Weekly menus in a conspicuous place in the kitchen. [3-4.7-19(a)(4)]					
b. The center shall post the following items:					
1. Hand washing procedures at each adult sink area. [3-4.7-19(b)(1)]					
2. Diaper changing procedures at each diaper changing area. [3-4.7-19(b)(2)]					
3. A copy of infant feeding plans in each infant room. [3-4.7-19(b)(3)]					
4. Procedures for bottle sterilization, where this occurs. [3-4.7-19(b)(4)]					
5. Fire and emergency disaster routes in each child care room, kitchen, offices and hallways. [3-4.7-19(b)(5)]					
6. Dish washing procedures, where this occurs. [3-4.7-19(b)(7)]					
7. Instructions for mixing and use of sanitizing solutions for cots, tables, toys, dish washing, and diaper changing areas, where the solution is prepared. [3-4.7-19(b)(8)]					
8. Approved first aid directives in each child care area. [3-4.7-19(b)(9)]					
9. Cleaning schedules in all food storage, preparation, and service areas. [3-4.7-19(b)(10)]					
c. Staff shall post by the telephone, the name and address of the child care center and a list of emergency telephone numbers as follows:					
1. Fire department [3-4.7-19(c)(1)]					
2. Police department [3-4.7-19(c)(2)]					
3. Ambulance [3-4.7-19(c)(3)]					
4. Nearest hospital [3-4.7-19(c)(4)]					
5. Poison Control number 1-800-222-1222 [3-4.7-19(c)(5)]					
6. The County Child Protective Services number 1-800-800-5556 [3-4.7-19(c)(6)]					
7. The Institute Abuse Hotline number 1-800-562-2407 [3-4.7-19(c)(7)]					
8. The Child Care Information line 1-877-511-1144 [3-4.7-19(c)(8)]					
6. 470 IAC 3-4.7-33 BASIC FIRST AID TRAINING					
a. Documentation of current first aid training. Infant/Toddler upon employment; all staff within six (6) months. [3-4.7-33]					*
7. 470 IAC 3-4.7-34 CPR TRAINING					
a. Staff present at all hours who have been trained annually in age appropriate CPR. <u>ALL</u> Infant/Toddler caregivers trained annually in CPR. [3-4.7-34]					*
TOTAL					

	Yes	N/A	No	Repeat	
8. 470 IAC 3-4.7-35 IN-SERVICE STAFF TRAINING					
a. Documentation of Nutrition, Sanitation, and Safety training for director and all caregivers annually. [3-4.7-35(a)(2)(D)]					2
b. Certified food service training for person responsible for food service. 410 IAC 7-24					5
9. 470 IAC 3-4.7-38 / 470 IAC 3-4.7-86 CHILDREN'S HEALTH RECORDS					
a. Children have current physical examination within thirty (30) days of enrollment and no earlier than twelve (12) months prior to enrollment. [3-4.7-86(a)]					1-5
b. Children have current and complete record of immunizations within thirty (30) days of enrollment (<i>showing month, day, and year of each immunization</i>). [3-4.7-38(2)]					1-5
c. Children two (2) years of age and younger have an annual health examination. [3-4.7-86(f)]					2
10. 470 IAC 3-4.7-39 CHILDREN'S INJURY RECORDS					
a. Record maintained on all injuries. [3-4.7-39(a)]					2
11. 470 IAC 3-4.7-40 / 470 IAC 3-4.7-88 CHILDREN'S MEDICATION RECORDS					
a. Complete record of dispensed medication. [3-4.7-40(a)]					1-3
b. Parent permission form on file for each given medication. [3-4.7-40(b)]					2
c. Prescription medications have complete labels and renewed annually. [3-4.7-88(b)]					2
d. Medication and medical procedures have a written order from a physician or health care professional, authorized to write prescriptions. Order must be kept with medication. [3-4.7-88(e)]					1-5
e. Medication kept in original container. [3-4.7-88(g)]					2
f. Medication locked. [3-4.7-88(i)]					*
g. Medication stored in a well lit area (<i>50 footcandles of light</i>) [3-4.7-88(i)]					2
h. Refrigerated medication stored properly. [3-4.7-88(j)]					2
i. Unused, outdated medication discarded. [3-4.7-88(h)]					2
12. 470 IAC 3-4.7-42 EMERGENCY INFORMATION FILE					
a. Emergency information on children accessible and complete (<i>accessible from individual file</i>). [3-4.7-42]					2
13. 470 IAC 3-4.7-48 CHILD/STAFF RATIOS AND SUPERVISION					
a. Child/staff ratios maintained during all hours. [3-4.7-48(a)]					1-5
b. Children under supervision of caregiver at all times. [3-4.7-48(e)]					*
c. At least two adults present during all hours of operation. [3-4.7-48(j)]					2
14. 470 IAC 3-4.7-53 REST PERIODS					
a. Individual blankets available / stored properly. [3-4.7-53 (c) and (d)]					2
b. Cots available for each child. [3-4.7-53(b)]					1
c. Cots properly spaced and sanitized. [3-4.7-53(b)(2) and (b)(3)]					1
15. 470 IAC 3-4.7-65 PETS					
a. Pets properly housed / free from disease. No ferrets, turtles, reptiles, psittance birds (<i>birds of the parrot family</i>) or any wild or dangerous animal. [3-4.7-65(2), (4) and (5)]					2
16. 470 IAC 3-4.7-66 and IAC 3-4.7-68 PLAYGROUND AND OUTDOOR SAFETY					
a. Playground free from hazards. [3-4.7-66]					2
b. Playground well drained. [3-4.7-68(e)]					1
TOTAL					

17. 470 IAC 3-4.7-70 WATER PLAY AREAS						Yes	N/A	No	Repeat	
a.	Portable fill and draw pools prohibited. [3-4.7-70(b)]									1
b.	Water play tables maintained at 1 to 3 ppm chlorine solution. [3-4.7-70(a)]									1
c.	Chlorine solution pool test kit available. [3-4.7-70 (a)]									1
d.	Swimming pool fenced and locked when pool is not in use. [3-4.7-70(d)(2)]									1
e.	Each swimming area must have a minimum of two (2) flotation devices. [3-4.7-70(c)(3)]									1
f.	Staff certified in life saving present when swimming. [3-4.7-70(c)(5)]									2
g.	Filled pool has a current permit from health department and verification of a weekly water sample from approved lab. [3-4.7-70(d)(1)]									2
h.	Pool file maintained and includes:									1-3
	1. Life Saving Certificate [3-4.7-70(c)(5)]									
	2. Record of ph chlorine and sample reports. [3-4.7-70(a)]									
	3. Parent Permission [3-4.7-70(c)(2)]									
18. 470 IAC 3-4.7-76 MENUS										
a.	Food allergies / special diets posted and followed in kitchen where food is served. [3-4.7-76(d)]									1
b.	Menu shows serving sizes, specific food items and times for all snacks and meals. [3-4.7-76(b)]									2
c.	Menu changes recorded on the menu and kept on file for one (1) month. [3-4.7-76(c)]									2
19. 470 IAC 3-4.7-78 MEAL COMPONENTS										
a.	Adequate menu posted. [3-4.7-78(a)]									2
b.	Standardized recipes for protein dishes utilized. [3-4.7-78(f)]									1
c.	All fruit juice shall be 100% pure fruit juice with no sugar added. [3-4.7-78(e)(1)]									1
d.	All non-citrus juices shall be fortified with vitamin C. [3-4.7-78(e)(2)]									1
20. 470 IAC 3-4.7-79 MEAL EVALUATION										
Observed meal / snack: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Dinner <input type="checkbox"/> BT Snack										
<i>List food served and portions of observed meals:</i>										
a.	1. Protein source [3-4.7-79(d)]									1
	2. Correct amount served [3-4.7-79(d)]									2
b.	1. First vegetable / salad [3-4.7-79(d)]									1
	2. Correct amount served [3-4.7-79(d)]									2
c.	1. Second vegetable / salad [3-4.7-79(d)]									1
	2. Correct amount served [3-4.7-79(d)]									2
d.	1. Bread component [3-4.7-79(d)]									1
	2. Correct amount served [3-4.7-79(d)]									2
e.	1. Milk [3-4.7-79(d)]									1
	2. Correct amount served [3-4.7-79(d)]									2
TOTAL										

20. 470 IAC 3-4.7-79 MEAL EVALUATION (continued)						Yes	N/A	No	Repeat	
Observed meal / snack: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Dinner <input type="checkbox"/> BT Snack										
<i>List food served and portions of observed meals:</i>										
f.	1. Juice [3-4.7-79(d)]								1	
	2. Correct amount served [3-4.7-79(d)]								2	
g. Additional servings available. [3-4.7-79(b)]										
h. The center shall not serve food items served in a home kitchen at any time, except with the physician's written order, a particular child's specific diet, or religious beliefs. [3-4.7-82(d)]										
i. Staff supervise / assist children during meal service. [3-4.7-79(i)]										
j. Appropriate size cups / glasses used. [3-4.7-79(m)]										
k. The center shall use divided plates for children two (2) years of age and younger. [3-4.7-79(n)]										
l. Child-size tables and chairs used. [3-4.7-79(m)]										
m. Food is covered while stored or while being transported. [3-4.7-79(f)]										
n. Potentially hazardous foods are at 41° F or less; or at 135° F or more during handling and storage. [3-4.7-79(e)]										
21. 470 IAC 3-4.7-82 SPECIAL DIETS										
a. Substitutions written on a menu for all children with dietary restrictions. [3-4.7-82(b)]										
b. For special diets due to medical reasons or allergic reactions, the center shall provide meals and snacks in accordance with the child's needs. [3-4.7-82(c)]										
c. Special diets due to religious or personal reasons have a written statement from parents. [3-4.7-82(d)]										
d. Food provided from home has a "Safe Transportation of Food Responsibility" form signed by the parent. [3-4.7-82(f)]										
e. All food free from damage and contamination. [3-4.7-82(g)]										
22. 470 IAC 3-4.7-83 VENDOR SERVICE										
a. Current completed and signed contract on file. Effective dates: _____ Name of vendor: _____ [3-4.7-83(a)]										
b. Written procedure of self-vending. [3-4.7-83(b)(c)(d)(e)] Site of food preparation: _____										
c. Food temperature verified upon arrival and before serving. [3-4.7-83(c)]										
d. Transport equipment sanitizable / maintains temperature. [3-4.7-83(b)]										
e. Food covered while stored or while transported. [3-4.7-79(l)]										
f. Time as a public health control: [410 IAC 7-24]										
1. Written procedure on file from Vendor. [Sec. 175(a)(4)]										
2. Food packs labeled with temperature, pack time and "use by" time. [Sec. 175(a)(1) and (2)]										
3. Food discarded after four (4) hours. [Sec. 175(a)(3)]										
TOTAL										

23. 470 IAC 3-4.7-85 ADULT HEALTH REQUIREMENTS	Yes	N/A	No	Repeat	
a. Within thirty (30) days of employment and no earlier than twelve (12) months prior to hire, staff, volunteers, substitutes, student aides, and any other personnel having direct contact with children or providing food service shall have the following:					
1. Record of physical. [3-4.7-85(l)]					1-5
2. Record of a Mantoux skin test, results recorded in millimeters. [3-4.7-85(2)]					1-5
3. If positive, a negative chest X-ray and/or health professional statement. [3-4.7-85(3)]					1-5
4. Record of an annual health assessment for persons with a positive Mantoux or a history of Tuberculosis. [3-4.7-85(4)]					1-5
24. 470 IAC 3-4.7-90 UNIVERSAL PRECAUTION SUPPLIES					
a. Documentation of Universal Precaution training at employment annually. [3-4.7-32(a)(7)]					1-5
b. Universal Precaution supplies shall be available to all staff:					1-5
1. Disposable gloves [3-4.7-90(1)]					
2. Plastic bags [3-4.7-90(2)]					
3. Chlorine bleach and/or other approved disinfectant [3-4.7-90(3)]					
4. CPR barrier mask [3-4.7-90(4)]					
25. 470 IAC 3-4.7-91 EMERGENCY EQUIPMENT AND PROCEDURES					
a. A first aid manual, equivalent to the Red Cross First Aid manual, shall be immediately available for staff use. [3-4.7-91(c)]					2
b. First aid supplies as specified by the center's health consultant shall be available to all staff and inaccessible to children. The first aid kit, at a minimum, shall consist of the following:					1-5
1. Sheer strip bandages [3-4.7-91(d)(1)]					
2. Sterile bandages and compresses [3-4.7-91(d)(2)]					
3. Adhesive tape [3-4.7-91(d)(3)]					
4. Scissors [3-4.7-91(d)(4)]					
5. Flashlight [3-4.7-91(d)(5)]					
6. Thermometer [3-4.7-91(d)(6)]					
7. Disposable gloves [3-4.7-91(d)(7)]					
8. Mild soap [3-4.7-91(d)(8)]					
26. 470 IAC 3-4.7-93 CHILD HYGIENE					
a. Correct handwashing by children. [3-4.7-93(a)]					2
b. Faucet and sink sanitized before tooth brushing if located in toilet room. [3-4.7-93(c)(6)]					2
c. Personal belongings stored separate / apart / extra clothing available. [3-4.7-111(d) and 3-4.7-93(b)]					2
27. 470 IAC 3-4.7-94 / 470 IAC 3-4.7-95 DIAPERING					
a. Sink within ten (10) feet of the changing table. [3-4.7-94(h)]					2
b. Diaper bags inaccessible to children. [3-4.7-94(a)]					1
TOTAL					

	Yes	N/A	No	Repeat	
27. 470 IAC 3-4.7-94 / 470 IAC 3-4.7-95 DIAPERING (continued)					
c. Correct hand washing by staff. [3-4.7-94(e)(2)(A)]					*
d. Changing table has a soft sanitizable pad and clean strip of waterproof disposable paper. [3-4.7-94(n)]					2
e. Changing table / pad sanitized daily and when soiled. [3-4.7-94(p)]					2
f. Diaper table not used for other purpose. [3-4.7-94(j)]					2
g. Disposable diapers received in unopened packages labeled and stand off the floor. [3-4.7-94(c)]					2
h. Disposable diapers labeled and stored off the floor. [3-4.7-94(d)]					1
i. Physician approved skin care procedure practiced. [3-4.7-94(f)(3)]					2
j. Soiled diapers / wash cloths kept in tightly covered container / emptied daily. [3-4.7-95(a)]					2
k. Cloth diapers provided by center use commercial diaper laundry service, wash cloths and sheets laundered correctly by center. [3-4.7-96(e)]					1
l. Separate changing area and diaper changing table for two-year-olds. [3-4.7-94(f)(1)]					1
m. Provide a shielded or private area for diapering children three (3) years of age and older. [3-4.7-94(f)(4)]					2
28. 470 IAC 3-4.7-98 STAFF HYGIENE					
a. Proper hand washing by staff. [3-4.7-98(a)]					*
b. Staff who prepare food do not change diapers. [3-4.7-98(d)]					2
c. Food service personnel wear clean aprons or smocks and hair restraints while in kitchen and serving food. [3-4.7-98(f)]					2
29. 470 IAC 3-4.7-99 BUILDING MAINTENANCE					
a. Walls / ceilings light colors. Washable. [3-4.7-99(e)]					1-2
b. Carpeting firmly secured. [3-4.7-99(g)]					1
c. Floors smooth and washable. [3-4.7-99(f)]					1
d. Sweeping, dusting while unoccupied. [3-4.7-99(j)]					1
e. Premises clean / neat / orderly sanitary condition. [3-4.7-99(i)(1), (2), (3) and (4)]					1-10
f. Equipment clean, sturdy and safe. [3-4.7-99(a)]					*
g. Building in safe condition. [3-4.7-99(a)]					*
h. Premises in good repair. [3-4.7-99(c)]					1-10
i. Exit areas clear of equipment, debris and other objects. [3-4.7-99(k)]					2
30. 470 IAC 3-4.7-100 POISONS, CHEMICALS AND HAZARDOUS ITEMS					
a. Hazardous articles inaccessible to children (<i>radiators, hot pipes, purses</i>). [3-4.7-100(g)]					2
31. 470 IAC 3-4.7-101 ELECTRIC SAFETY					
a. Protective covers on electrician outlets. [3-4.7-101(b)]					2
b. Extension cords prohibited. [3-4.7-101(a)]					1
TOTAL					

	Yes	N/A	No	Repeat	
31. 470 IAC 3-4.7-101 ELECTRICAL SAFETY (continued)					
c. Prohibited heat sources not used. [3-4.7-105]					1
32. 470 IAC 3-4.7-102 COMBUSTIBLE MATERIALS					
a. Storage areas and furnace rooms clean and free from clutter. [3-4.7-102(e)]					2
33. 470 IAC 3-4.7-106 HEAT, LIGHT, VENTILATION, AND AIR CONDITIONING					
a. Proper illumination of footcandles in each area. [3-4.7-106(b)]					1-2
b. Sixty-eight degrees F (68 °F) or more within two (2) feet of floor. [3-4.7-106(e)]					2
c. Maintain a temperature of not more than 78 °F. [3-4.7-106(f)]					2
d. Sixteen (16) gauge mesh screens on all outside windows and doors when open. [3-4.7-106(g)]					2
34. 470 IAC 3-4.7-109 GARBAGE AND REFUSE					
a. Inside trash and refuse stored correctly, close fitting solid lids. [3-4.7-109(a)]					1
b. Outside trash receptical tightly covered to prevent harborage of insects, rodents, and other pests. [3-4.7-109(b)]					1
35. 470 IAC 3-4.7-113 BATHROOMS					
a. Handwashing sinks fastened / sealed to wall. [3-4.7-113(l)]					1
b. Disposable towels, soap and toilet paper provided / dispensed in a sanitary manner and within reach. [3-4.7-113(h), (i) and (j)]					1
c. Bathroom walls / floors sealed. [3-4.7-113(m)]					1
d. Bathrooms clean and sanitizable. [3-4.7-113(n)]					1
e. Sanitizable partition between toilets for school-age children. [3-4.7-113(d)]					1
f. School-age facilities separate for each sex. [3-4.7-113(c)]					1
g. Separate bathroom provided for staff. [3-4.7-113(k)]					1
h. Two's class toilet, lavatory opens directly into room (if licensed after 12-1-85) or no more than ten (10) feet from room or area. [3-4.7-113(g)]					1
i. Child-size toilets / wash basins or steps / platforms. [3-4.7-113(o)]					1
j. All items in the bathroom must be sanitizable. [3-4.7-113(n)]					1
36. 470 IAC 3-4.7-114 WATER SUPPLY AND PLUMBING					
a. Utility sink or curbed cleaning facility (if licensed after 11-3-83)					1
b. Vacuum breakers as needed. [3-4.7-114(e)]					*
c. Operation of sewage disposal system. [3-4.7-114(g)]					*
1. Exterior					
2. Interior					
d. Approved hot water control valve / hot water between 100°- 120° F. [3-4.7-114(d)]					*
e. Sufficient hot and cold water at each handwashing sink. [3-4.7-114(c)]					2
f. Plumbing fixtures in good repair. [3-4.7-114(h)]					1-2
37. 470 IAC 3-4.7-115 DRINKING WATER					
a. Fountain / drinking water available or single use cups available / dispensed in a sanitary manner. [3-4.7-115(b)]					2
TOTAL					

38. 470 IAC 3-4.7-116 KITCHEN AND FOOD PREPARATION AREAS	Yes	N/A	No	Repeat	
a. Copy of SBH Rule 410 IAC 7-24 in kitchen. [3-4.7-116(a)]					1
b. Dishes, pots, pans and utensils stored in a manner that protects them from contamination. [3-4.7-116(n)]					1
c. Bulk food containers clean and labeled. [410 IAC 7-24]					1
d. Kitchen clean and in a sanitary condition. [410 IAC 7-24]					1-10
e. Handwashing sink in kitchen / equipped with soap and disposable towels. [3-4.7-116(p)]					2
f. Kitchen walls and ceilings smooth / easily cleanable. [3-4.7-116(k)]					1
g. Stove provided if meals prepared. [3-4.7-116(t)]					2
h. Food preparation and eating surfaces / high chair trays sanitized. [3-4.7-116(i)]					2
i. Kitchen is not a throughway. [3-4.7-116(e)]					2
j. No unauthorized personnel in kitchen. [3-4.7-116(g)]					1
k. Food storage shelving of nonabsorbent material and six (6) inches above floor. [3-4.7-116(k)]					2
l. Food served is palatable and reasonable quality. [3-4.7-78(a)]					1
m. Refrigerator: Thermometer present, 40 °F or less and in position for daily monitoring. [3-4.7-116(s)]					1
n. Freezer: Thermometer present, 0 °F or less and in position for daily monitoring. [3-4.7-116(s)]					1
o. Storage of food and supplies correct. [410 IAC 7-24]					1
p. Metal dial-type thermometer (0 °F - 220 °F) available. [3-4.7-83(c)]					2
q. Once served, leftover food discarded. [3-4.7-80(d)]					2
r. All food from approved source / not homemade. [3-4.7-79(o)]					2
s. Chemical sanitizer test kit provided / solution correct. [3-4.7-240]					2
39. 470 IAC 3-4.7-119 MANUAL DISHWASHING					
a. Correct dishwashing practices (<i>including vending</i>) [3-4.7-116(l) and (m)]					1-10
b. Single service articles are not reused. [3-4.7-262(a)]					2
40. 470 IAC 3-4.7-118 PEST PREVENTION					
a. Rodent / insect control. [3-4.7-118(a)]					2
b. Sealed around pipes, plumbing and ducts, cracks and holes. [3-4.7-118(a)(2) and (3)]					2
TOTAL					

INFANT / TODDLER					
1. 470 IAC 3-4.7-122 INFANT / TODDLER CHARTS AND RECORDS	Yes	N/A	No	Repeat	
a. Daily records on each infant / toddler kept one (1) month, available to parents. [3-4.7-122(b)]					1
2. 470 IAC 3-4.7-126 INFANT PROGRAM					
a. Infants out of crib when awake. [3-4.7-126(4)]					2
3. 470 IAC 3-4.7-129 INFANT ROOM FURNISHINGS					
a. Each room has a changing table / changed in own crib. [3-4.7-129(a)(3)]					2
b. Rocking chairs: one per staff for infant. [3-4.7-129(a)(2)]					1
c. One rocking chair provided in toddler room. [3-4.7-130 (a)(3)]					2
d. Mesh cribs and play pens, cradles, beanbag chairs and bassinets prohibited. [3-4.7-129(b)]					1
4. 470 IAC 3-4.7-131 INFANT / TODDLER EQUIPMENT					
a. Diaper bags, car seats not in room. [3-4.7-131(c)]					2
b. All areas / surfaces / articles children in contact with, include cribs / cots / changing tables / toys, are safe and sanitizable. [3-4.7-131(b), (d), (e), and (g)]					2
c. Enclosed outdoor activity area. [3-4.7-131(i)]					2
5. 470 IAC 3-4.7-134 INFANT FEEDING					
a. Infant held by caregiver while bottle fed. [3-4.7-134(j)]					2
b. Feeding plan for each infant current / used / posted. [3-4.7-134(d) and (f)]					2
c. Feeding bottles not propped. [3-4.7-134(j)]					*
6. 470 IAC 3-4.7-135 INFANT FOOD PREPARATION AND STORAGE					
a. Open containers of baby food shall be covered, dated, and contents discarded within twenty-four (24) hours. [3-4.7-139(b)]					1
b. If a day's supply of bottles is prepared at one (1) time, each bottle shall be covered and labeled with the child's name, date and time poured. [3-4.7-135(g)]					1
c. Prepared bottles shall be refrigerated and used within twenty-four hours. [3-4.7-135(h)]					1
d. Formula that remains in the original container used within 48 hours. [3-4.7-135(i)]					2
e. Contents of bottle discarded after feeding. [3-4.7-135(j)]					2
f. Pre-mixed / ready-to-feed / commercial formula or physician's statement on file for powdered formula. [3-4.7-135(b)]					2
g. Acceptable baby food / formula dates. [3-4.7-135(c)]					2
h. Heating unit for warming bottles and food in infant room accessible only to staff. [3-4.7-135(d)]					1
i. Refrigerator located in infant preparation room. [3-4.7-135(f)]					2
j. Correct procedure followed for filled bottles supplied by parents. [3-4.7-135(k)]					1-3
k. Correct bottle sterilizing procedure followed					*
7. 470 IAC 3-4.7-136 BREAST MILK					
a. Correct breast milk procedure / storage and heating. [3-4.7-136]					2
8. 470 IAC 3-4.7-139 INFANT SOLID FOODS					
a. Correct feeding from baby food jar. [3-4.7-139(c) and (d)]					1
TOTAL					

9. 470 IAC 3-4.7-140 TODDLER FEEDING	Yes	N/A	No	Repeat	
a. Toddler fed in own room. [3-4.7-140(d)]					1
b. High chairs and feeding tables with safety belts. [3-4.7-140(f)]					2
c. Toddler menu meets requirements. [3-4.7-140(a)]					1
d. Appropriate food served to toddlers. [3-4.7-140(o)]					1
e. Toddler-sized table and chairs used. [3-4.7-140(e)]					1
f. Toddler-sized feeding spoons, training cups, divided dishes used. [3-4.7-140(h) and (k)]					1
10. 470 IAC 3-4.7-141 INFANT / TODDLER SLEEPING					
a. Infant placed on back or sides in their cribs for sleeping. [3-4.7-141(b)]					2
b. Cribs / mattress sizes correct / good state of repair / safety latch secure. [3-4.7-141(f)]					2
c. Cots and cribs (<i>three (3) feet between</i>) spaced correctly. [3-4.7-141(i)]					1
d. Sheets changed daily / extra supply of bedding and washcloths available. [3-4.7-141(o) and (r)]					2
e. Cribs sanitized daily. [3-4.7-141(m)]					1
11. 470 IAC 3-4.7-143 INFANT / TODDLER ROOMS; GENERAL					
a. Infant / toddler rooms have floor-to-ceiling walls and full doors. [3-4.7-143(b)]					1
b. Infant and toddler rooms not used as throughways. [3-4.7-143(c)]					2
c. Floor surfaces cleaned daily. [3-4.7-143(d)(4)]					1
d. Throw rugs prohibited. [3-4.7-143(d)(2)]					1
e. Under and two (2) feet around area used for diapering, feeding and food preparation is not carpeted. [3-4.7-143(d)(5)]					1
f. Each infant / toddler room must have a lavatory. [3-4.7-143(e) and (f)]					1
g. A toilet with a door that opens directly into the toddler room. [3-4.7-143(g)]					1
TOTAL					

SCORING

Section Name	Possible Points	N/A Points (-)	Remaining Points	"No" Points (-)	Number of Items With * Marked No X 5 (-)	Number of Repeat Noncompliances X 5 (-)	Total Points
I. Day Care	229						
II. Infants - Toddlers	60						
TOTALS	287						

ASTERISKED ITEMS

- | | |
|---|--|
| <input type="checkbox"/> Children under staff supervision
<input type="checkbox"/> Building in safe condition
<input type="checkbox"/> Staff handwashing, food handlers
<input type="checkbox"/> Hot water temperature
<input type="checkbox"/> Siphon breaker
<input type="checkbox"/> Sewage
<input type="checkbox"/> Correct temperature of potentially hazardous food
<input type="checkbox"/> Dishwashing correct
<input type="checkbox"/> Time / Temperature control food discarded after 4 hours | <input type="checkbox"/> Medications, poisons, chemicals, etc. locked
<input type="checkbox"/> First aid training
<input type="checkbox"/> Staff handwashing, diapering
<input type="checkbox"/> Children under direct supervision (<i>infants / toddlers</i>)
<input type="checkbox"/> Bottles, etc. sanitized (<i>infants / toddlers</i>)
<input type="checkbox"/> Bottles not propped (<i>infants / toddlers</i>)
<input type="checkbox"/> Pediatric CPR (<i>present at all hours</i>)
<input type="checkbox"/> Equipment clean, sturdy and safe |
|---|--|

Total Points divided by Remaining Points

Percentage: _____ % Pass or Not Pass

I understand that all cited health and training records must be submitted within 30 days.

Signature of provider	Date (<i>month, day, year</i>)
Signature of surveyor	Date (<i>month, day, year</i>)

STAFF DEFICIENCY HEALTH RECORDS WORKSHEET

Name of Person	Code *	Date of Employment	Physical Examination	Current Mantoux	Nutrition / Sanitation Training Verified	Universal Precautions	First Aid	CPR
Total number of health records examined					Total of staff			

* Code: D = Driver; C = Closer; O = Opener; I/T = Infant / Toddler; FS = Food Service

DAY CARE CHILD'S DEFICIENCY HEALTH RECORDS WORKSHEET

Name (<i>Initials</i>)	Date of Enrollment	Injury / Incident Record	Medication Order / Record Log	Complete Physical Examination Includes Health Statement	Immunization	Annual Physical for Children 2 Years of Age and Younger	Current Feeding Plan	Daily Needs
NUMBER OF RECORDS CHECKED								
Infant / Toddler								
2's								
3-12								
Alphabet sample (ex: a-d etc.)								
TOTAL NUMBER OF HEALTH RECORDS EXAMINED:								