CHECKLIST FOR UNLICENSED REGISTERED CHILD CARE MINISTRIES SANITATION SURVEY

State Form 49441 (R8 / 1-11) / BCC 0032

BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES
FAMILY AND SOCIAL SERVICES ADMINISTRATION

Name of ministry	Registration number
Location of facility *(number and stereet, city, state, and ZIP code)*	County
Mailing address (*number and street or PO Box, city, state, and ZIP code*)	County
Type of structure: ☐ Church ☐ School ☐ Residential ☐ Storefront ☐ Other	Telephone number ( )
Vending source	Food preparation ☐ Cooks ☐ Vends ☐ Lunches from home ☐ Sack lunch and cook ☐ Sack lunch and vend
Date of current survey (*month, day, year*)	Time of current survey Start ☐ AM ☐ PM End ☐ AM ☐ PM
Name of inspector	Name of Director
Purpose of current survey Annual renewal _____ Proposed _____ Complaint _____ Follow-up _____ Team Technical Assistance _____	Days open (*check all that apply*) ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday Hours open: From: To:
	Public water / Private water / IDEM number / Water sample (*date*)
Water sample: Bacteria ☐ Present ☐ Absent	Public sewage / Private sewage

I - CHILD CARE MINISTRY

1. IAC 3-4.5 REGISTRATION:	NO	N/A	REPEAT	
a. REGISTRATION - Process complete and current [3-4.5-2(a)]				*
b. CHILD CARE ROOMS - Surveyed and approved prior to use (12-17.2-6-4)				1
c. NOTICE OF INSPECTION / REGISTRATION posted in a conspicuous place (12-17.2-6-6)				1
d. Advertizing as a child care ministry (12-17.2-6-10)				1
TOTAL				

2. FIRE AND BUILDING SAFETY DIVISION APPROVAL	NO	N/A	REPEAT	
a. Approval by Fire and Building Safety Division (12-17.2-6-6)				*
TOTAL				

3. FACILITY	NO	N/A	REPEAT	
a. PREMISES clean / sanitary / safe / good repair (3-4.5-4)				2-20
b. EQUIPMENT, INTERIOR SURFACES, MATERIALS, FURNISHINGS, OBJECTS clean / sturdy / nontoxic / sanitary / safe (3-4.5-4)				2-20
c. INDIVIDUAL BELONGINGS, CLOTHING, BLANKETS kept separate / apart [3-4.5-6(c)]				1
d. COTS / CRIBS: 1. Available and adequatly used for each child / sturdy / cleanable construction [3-4.5-6(a)]				1
2. Properly sanitized [3-4.5-6(a)]				1

3. FACILITY (*continued*)	NO	N/A	REPEAT	
e. FOUNTAIN / DRINKING WATER sanitarily dispensed / not in restroom (3-4.5-4)				2-5
f. SCREENS (*securely fastened 16 mesh*) on all windows / outer openings used for ventilation (3-4.5-4)				1
g. PETS approved, properly immunized, housed, free from disease [3-4.5-4(l)]				2
h. BUILDING in safe condition (3-4.5-4)				*
TOTAL				

4. DIAPERING	NO	N/A	REPEAT	
a. CORRECT HANDWASHING by staff [3-4.5-6(d)]				*
b. DIAPERING TABLE / PAD sanitized daily / when soiled if using waterproof paper [3-4.5-6(d)]				1
1. PAPER (*if used for diapering pad*) is fresh, waterproof, disposable and covers the pad OR [3-4.5-6(d)]				1
2. DIAPERING PAD sanitized after each use and DIAPERING TABLE sanitized daily / when soiled [3-4.5-6(d)]				2
c. DIAPERING TABLE AREA not used for other purposes[3-4.5-6(d)]				2-5
d. DIAPERING PROCESS on table / crib in clean / sanitary manner / correct sanitizing solution [3-4.5-6(d)]				2-5
e. Tightly covered, easily sanitized container for soiled diapers and skin care materials [3-4.5-6(d)]				2
TOTAL				

5. BATHROOMS	NO	N/A	REPEAT	
a. HANDWASHING by adults correct (*after toilet, between child care duties*) [3-4.5-6(b)]				*
b. HANDWASHING by children correct (*after toilet, before eating*) [3-4.5-6(b)]				2-5
c. BATHROOMS with flush toilets / handwashing sinks (3-4.5-4)				2-5
d. WATER sufficient / under pressure at each handwashing sink (3-4.5-4)				2
e. VENTILATED bathrooms to the outside by fan / screened window (3-4.5-4)				1
f. DISPOSABLE TOWELS, SOAP, AND TOILET PAPER provided / dispensed in a sanitary manner (3-4.5-4)				2-5
g. BATHROOMS clean / sanitizable (3-4.5-4)				2-5
TOTAL				

6. 470 IAC 3-4.5-3 WATER SUPPLY, PLUMBING, SEWAGE DISPOSAL	NO	N/A	REPEAT	
a. WATER SUPPLY constructed / operated in accordance to 410 IAC 6-5.1-8 excluding 410 IAC 6-5.1-8(f) ☐ PUBLIC SYSTEM ☐ PRIVATE SYSTEM [3-4.5-3(a)]				*
b. SEWAGE / WASTEWATER DISPOSAL adequate / sanitary / meets requirements at time of survey: ☐ PUBLIC SYSTEM ☐ PRIVATE SYSTEM [3-4.5-3(b)]				*
1. EXTERIOR				
2. INTERIOR				

6. 470 IAC 3-4.5-3 WATER SUPPLY, PLUMBING, SEWAGE DISPOSAL *(continued)*	NO	N/A	REPEAT	
c. PLUMBING properly installed / maintained / meets FPBSC and ISDH requirements [3-4.5-3(b)]				2-5
d. CRACKS around pipes, plumbing and ducts properly sealed (3-4.5-4)				1
TOTAL				

7. 410 IAC 7-24 FOOD SAFETY / SERVICE	NO	N/A	REPEAT	
DISHWASHING practice (*check one*) ☐ 1. Hand dishwashing / sanitized in commercial sanitizer ☐ Chemical ☐ Hot water ☐ 2. Commercial dishwasher / sanitizer ☐ Chemical ☐ Hot water ☐ 3. Manual dishwashing in three-compartment sink ☐ Chemical ☐ Hot water ☐ 4. Use all single service ware / children bring lunches / vend / cook ☐ 5. Not approved for dishwashing				
a. Manual dishwashing procedure posted				1
b. CORRECT HANDWASHING by food handlers				*
c. COPY OF SBH RULE 410 IAC 7-24 in kitchen and adhered to				1-20
d. WASH / RINSE / SANITIZING procedure proper				*
e. DRAINBOARD / MOVABLE DISH TABLE PROVIDED (*for three-compartment sink*)				1
f. UTENSILS / EQUIPMENT air-dried correctly				1
g. CLEAN / SANITIZED UTENSILS AND DISHWARE properly handled / stored				1
h. EATING SURFACES (*tables / highchairs*) sanitizable; sanitized before and after each use				2
i. FOOD PREPARATION SURFACES sanitized before and after use				2
j. FOOD free from spoilage / damage / filth / contamination				2-20
k. FOOD covered when stored or while being transported				1
l. FOOD in original, unopened, undamaged packaging				1
m. FOOD, UTENSILS, EQUIPMENT AND SINGLE-SERVICE ARTICLES stored on nonabsorbent material at least six inches above floor in dry location, away from hazardous materials				1
n. KITCHEN / FOOD PREP / FOOD STORAGE lights properly shielded				2
o. TRASH / REFUSE stored correctly (*tight fitting, solid lids in water tight containers; sanitary condition; covered when not in use*)				2
p. RODENT / INSECT control				1-20
q. Properly sealed around pipes, plumbing and ducts, cracks and holes				2
r. POTENTIALLY HAZARDOUS FOOD held at proper temperatures during handling or storage; hot holding at 135°F or above; cold holding at 41°F or below				*
s. FREEZER: Thermometer present / accurate / good monitoring position / food frozen				2
t. STORAGE of food / supplies correct *(labeled and dated)*				2-10
u. METAL-STEM DIAP-TYPE THERMOMETER (0°F to 220°F) available / used				1
v. SINGLE-SERVICE articles are not reused				2

7. 410 IAC 7-24 FOOD SAFETY / SERVICE (*continued*)	NO	N/A	REPEAT	
w. Once served, leftover food discarded				2
x. FOOD HANDLERS wear clean APRON / SMOCK; effective HAIR RESTRAINT				1
y. BULK FOOD CONTAINERS clean and labeled				1
z. CHEMICAL SANITIZER TEST KIT provided and used; solution correct				2-5
aa. REFRIGERATED MEDICATIONS stored correctly				2
bb. Proper illumination of footcandles in each area				1-2
cc. KITCHEN CLEANING SCHEDULE posted and used				1
dd. KITCHEN EQUIPMENT properly sealed / handled / stored				1
ee. DISHES, POTS, PANS AND UTENSILS stored in a manner that protects them from contamination				1
ff. HANDWASHING SINK in kitchen or close proximity / equipped with soap and disposable towels				2
gg. KITCHEN WALLS AND CEILINGS smooth / easily cleanable				1
hh. STOVE provided if meals prepared; conveniently located / in good condition / clean / safe				2
ii. REFRIGERATOR: THERMOMETER PRESENT, 41°F or less and in position for daily monitoring				1
jj. ALL FOOD from approved source / not homemade				2-10
kk. KITCHEN / FOOD PREPARATION AREA(S) not a throughway; separate from other areas				1
ll. KITCHEN / FOOD PREPARATION AREA(S) not used for office, children's activities, naps, dining or recreational area for adults / children				1
mm. KITCHEN / FOOD PREPARATION AREA(S) clean, sanitary condition				1-25
TOTAL				

8. VENDING	NO	N/A	REPEAT	
a. VENDING: Food temperatures verified upon arrival and recorded [3-4.5-5(b)]				*
b. VENDING: Transport containers insulated / washable / maintains food temperatures [3-4.5-5(b)]				*
c. Time as a public health control; written procedures on site				*
d. Time as a public health control; food properly labeled				*
e. Time as a public health control; food served or discarded properly				*
TOTAL				

9. ILL CHILDREN	NO	N/A	REPEAT	
a. ILL CHILDREN kept from others [3-4.5-6(c)]				1-5
b. SURFACES / ITEMS in contact with ILL CHILDREN cleaned / sanitized after each use [3-4.5-6(c)]				1-5
TOTAL				

10. RECORDS	NO	N/A	REPEAT	
a. Complete immunization records for each child (IC 12-17.2-6-11)				1-10
b. Signed parent's notices for each child (IC 12-17.2-6-7)				1-2
c. Criminal History Police checks for each staff member / volunteer without convictions (IC 12-17.2-6-14)				*
d. Universal Precautions training current / complete documentation (410 IAC 1-4)				2
e. UNIVERSAL PRECAUTIONS SUPPLIES available and used (410 IAC 1-4) (*Minimum of latex gloves, paper towels, approved disinfectant masks, etc. recommended*)				2
f. Child abuse / neglect checked without substantiation, on all staff / volunteer (IC 12-17.2-6-14)				*
TOTAL				

11. PLAYGROUNDS	NO	N/A	REPEAT	
a. PLAYGROUND: free from hazards (3-4.5-4)				2-10
b. PLAYGROUND AND EQUIPMENT: well-drained (*insect control*) (3-4.5-4)				2-5
c. SWIMMING POOL: When filed has current permit from health department, verification of weekly water sample from approved lab (410 IAC 6-2)				2
d. WADING POOL: meets 410 IAC 6-2 *(has filtered circulated water)* (410 IAC 6-2)				2
e. WATER TABLE: used / sanitized correctly [3-4.5-4(I)]				2
TOTAL				

II - INFANT / TODDLER

1. ROOM OBSERVATION	NO	N/A	REPEAT	
a. CRIBS / COTS available for each child [3-4.5-6(a)]				1
b. LINENS / COVERINGS clean [3-4.5-6(a)]				1
c. CRIBS / MATTRESS sizes correct / good repair / sturdy / cleanable materials [3-4.5-6(a)]				2
d. Staff practicing recommended safe sleep procedures (3-4.5-4)				*
TOTAL				

2. BOTTLES / FOOD SAFETY	NO	N/A	REPEAT	
a. BOTTLES, NIPPLES, ETC. which are supplied by facility are washed / sterilized / stored correctly (*bottles boiled one minute, other items one minute*) [3-4.5-5(e)]				*
b. CAPS, NIPPLES, BOTTLES AND OTHER DRINKING ITEMS stored separately, covered and labeled [3-4.5-5(e)]				1-2
c. OPENED JARS of baby food / filled feeding bottles / opened formula are refrigerated at 41 °F or colder [3-4.5-5(b)]				2-5
d. OPENED BABY FOOD / FORMULA / FORMULA FILLED FEEDING BOTTLES used within 24 hours after opening according to manufacturing directives [3-4.5-5(b)]				2-5
e. INFANT BOTTLE CONTENTS discarded after feeding [3-4.5-5(b)]				2
f. FEEDING from baby food jar correct [3-4.5-5(b)]				1
g. BABY FOOD / FORMULA DATES acceptable / not expired [3-4.5-5(b)]				2-5
TOTAL				

Room Name	Recommended Capacity	Infant	Toddler	Two	Three	Four	Five	Six and Older	Children Present	Staff Present
		☐	☐	☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐	☐	☐		
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		☐	☐	☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐	☐	☐		
TOTAL RECOMMENDED CAPACITY:										

SCORING

POSSIBLE POINTS	N/A ITEMS (-)	REMAINING POINTS	"NO" POINTS (-)	NUMBER OF ITEMS WITH * MARKED "NO" X 20 (-)	TOTAL NUMBER OF REPEAT NONCOMPLIANCES X 5 (-)	TOTAL POINTS
122						

ASTERISKED ITEMS

- ☐ Water Supply
- ☐ Building Safe
- ☐ Vending
- ☐ Sewage Disposal
- ☐ Dishwashing Correct
- ☐ Fire & Building Safety Division (FBSD) Approval
- ☐ Bottles, etc. Sterilized
- ☐ Staff Handwashing, Food Handlers
- ☐ Staff Handwashing, Child Care
- ☐ Staff Handwashing, Diapering
- ☐ Children Handwashing
- ☐ Recommended Safe Sleep Procedures Followed
- ☐ Potentially Hazardous Food Handling
- ☐ Registration Complete and Approved
- ☐ Criminal History Checked
- ☐ Child Protection Index (CPI) Checks
- ☐ Pest Infestation
- ☐ Building Structure

Percentage: _____ Pass or Not Pass

(*Total Points divided by Possible Remaining Points*)

Signature of provider	Date (*month, day, year*)
Ministry approved at time of inspection? ☐ Yes ☐ No	Survey approval date *(month, day, year)*

WORK SHEET FOR REGISTERED CHILD CARE MINISTRIES STAFF RECORDS

Staff Name	CPI Checks Completed (No abuse or neglect shown) *(month, day, year)*	Universal Precautions / Expiration Date *(month, day, year)*	TB / Date *(month, day, year)*	If positive or history of disease: Health Assessment / Date *(month, day, year)*	Drug Screen / Date *(month, day, year)*	(No felony and no misdemeanor related to health and safety of a minor or for operating childcare without a license.)		Annual Age Appropriate CPR Expiration Date Cover All Hours *(month, day, year)*	Current First Aid / Expiration Date *(month, day, year)*
						Local Criminal Check valid for 45 days with documentation that Statewide check has been applied for. (*Include date - month, day, year*)	Statewide Criminal Check or within 45 days if local check on file *(month, day, year)*		

REGISTERED DAY CARE MINISTRIES		
	CHILDREN'S RECORDS	
NAME OF CHILD	IMMUNIZATION HISTORY	PARENT NOTICE SIGNED

Number of staff records reviewed	Number of children’s records reviewed

Registration number	Date *(month, day, year)*
Name of facility	County

SQUARE FOOTAGE OF ROOMS

ROOM	LENGTH	X	WIDTH	=	TOTAL SQUARE FEET	÷	35	=	TOTAL CHILDREN
		X		=		÷	35	=	
		X		=		÷	35	=	
		X		=		÷	35	=	
		X		=		÷	35	=	
		X		=		÷	35	=	
		X		=		÷	35	=	
		X		=		÷	35	=	
		X		=		÷	35	=	
		X		=		÷	35	=	
		X		=		÷	35	=	
		X		=		÷	35	=	
		X		=		÷	35	=	
			TOTAL FOR MINISTRY				TOTAL FOR MINISTRY		

Comments: