

CHECKLIST FOR UNLICENSED REGISTERED CHILD CARE MINISTRIES SANITATION SURVEY

State Form 49441 (R10 / 1-23) FAMILY AND SOCIAL SERVICES ADMINISTRATION

Name of ministry Registration number											
Location of facility (number and street, city, state, and	ZIP code)				County						
Mailing address (number and street or PO Box, city, s	Mailing address (number and street or PO Box, city, state, and ZIP code) County										
Type of structure: ☐ Church ☐ School ☐ Resider	ntial Storefront Other	r			Telephone number						
Vending source	Food preparation Cooks Lunches from	om home [☐ Vends ☐ Sack l	unch and c	cook 🗌 S	ack luncl	n and vend				
Date of current survey (month, day, year) Time of current survey AM Start PM End PM											
Name of inspector	Name of Director										
Purpose of current survey Annual renewal Proposed	Days open (check all that		uesday	sday □⁻	Thursday	∏Frid	lay	ırday			
Complaint Follow-up	Hours open:			To:							
Team Technical Assistance	Public water		Private water	IDEM num	ber	Water	sample (<i>date</i>	9)			
Water sample: Bacteria ☐ Present ☐ Absent	Public sewage			Private sev	ewage						
1. IAC 3-4.5 REGISTRATION:	I - CHILD C	ARE MINIS	STRY		NO	N/A	REPEAT				
a. REGISTRATION - Process complete	and current [3-4.5-2(a)]							*			
b. CHILD CARE ROOMS - <u>Surveyed</u> ar		7.2-6-4)						1			
c. NOTICE OF INSPECTION / REGIST	RATION posted in a conspicu	ous place (12-17.2-6-6)					1			
d. Advertising as a child care ministry (12-17.2-6-10)							1			
				'	1		TOTAL				
2. FIRE AND BUILDING SAFETY DIVISION	I APPROVAL				NO	N/A	REPEAT				
a. Approval by Fire and Building Safety							1121 2711	*			
							TOTAL				
3. FACILITY					NO	N/A	REPEAT				
a. PREMISES <u>clean</u> / <u>sanitary</u> / <u>safe</u> / <u>g</u>								2-20			
b. EQUIPMENT, INTERIOR SURFACE clean / sturdy / nontoxic / sanitary / s					2-20						
c. INDIVIDUAL BELONGINGS, CLOTH					1						
	and adequately used for each con [3-4.5-6(a)]	child / sturdy	y / cleanable					1			
2. Properly s			1								

3.	FA	CILITY (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(I)]				2						
	h.	BUILDING in safe condition (3-4.5-4)				*						
4.	I. DIAPERING NO N/A											
	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 (<i>if used for diapering pad</i>) is fresh, waterproof, disposable and covers the pad OR [3-4.5-6(d)]											
				2								
	C.	DIAPERING TABLE AREA not used for other purposes [3-4.5-6(d)]				2-5						
	d.			2-5								
	e.	Tightly covered, easily sanitized container for soiled diapers and skin care materials [3-4.5-6(d)]				2						
				•	TOTAL							
5.	BA	THROOMS	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							
				1								
6.	47	0 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)]											
1		LI FUDEIC STSTEIN LI FINIVATE STSTEIN [3-4.3-3(a)]										
	b.	SEWAGE / WASTEWATER DISPOSAL adequate / sanitary / meets requirements at time of survey:										
	b.	SEWAGE / WASTEWATER DISPOSAL adequate / sanitary / meets requirements at time of				*						
	b.	SEWAGE / WASTEWATER DISPOSAL adequate / sanitary / meets requirements at time of survey:				*						

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 ☐ 4. Use all single service ware / child	ren bring l	unches / v	end / cook							
	☐ 2. Commercial dishwasher / sanitizer ☐ Chemical ☐ Hot Water ☐ 5. Not approved for dishwashing Ho	t water									
	☐ 3. Manual dishwashing in three-compartment sink										
	☐ Chemical ☐ Hot Water										
	a. Manual dishwashing procedure posted										
	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						
	I. 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				1						
	hazardous materials										
	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	е			2
gg. KITCHEN WALLS AND CEILINGS smooth / easily cleanable				1
hh. STOVE provided if meals prepared; conveniently located / in good condition / clean / sat	fe			2
 REFRIGERATOR: THERMOMETER PRESENT, 41°F or less and in position for daily monitoring 				1
jj. ALL FOOD from <u>approved</u> source / <u>not homemade</u>				2-10
kk. KITCHEN / FOOD PREPARATION AREA(S) not a throughway; separate from other are	eas			1
II. KITCHEN / FOOD PREPARATION AREA(S) not used for office, children's activities, nap dining or recreational area for adults / children	os,			1
mm. KITCHEN / FOOD PREPARATION AREA(S) clean, sanitary condition				1-25
	1		TOTAL	

8.	VEI	NDING	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. RE	0. RECORDS NO N/A								
a.	Complete immunization records for each child (IC 12-17.2-6-11)				1-10				
b.	b. Signed parent's notices for each child (IC 12-17.2-6-7)								
C.	c. Criminal History Police checks for each staff member / volunteer without convictions (IC 12-17.2-6-14)								
d.	d. Universal Precautions training current / complete documentation (410 IAC 1-4)								
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)				*				
g.	The operator / director has completed the approved safe sleep training (IC 12-17.2-6-14.1(a)(1))								
h.	Caregivers of children twelve (12) months of age and younger have completed the approved safe sleep training. (IC 12-17.2-6-14.1(a)(2))								
i.	At least one (1) adult individual has current certification in cardiopulmonary resuscitation shall be present at all times. IC 12-17.2-6-7.5 (a)								
j.	An individual who: (1) is employed; or (2) volunteers; as a caregiver at a child care ministry shall maintain current certification in first aid applicable to all age groups of children. IC 12-17.2-6-7.5 (b)(1) & (2)								
		•	•	TOTAL					

11.	PLA	AYGROUNDS	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. R	I. ROOM OBSERVATION NO N/A REI									
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 following recommended safe sleep practices [12-17.2-6-14.1(a)(2)]				*					
				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

	BABY FOOD / Fo						d					2-5
e. INFANT BO	OTTLE CONTEN	TS discarded a	fter feedir	ng [3-4.	.5-5(b)]							2
f. FEEDING	from baby food ja	r correct [3-4	.5-5(b)]									1
g. BABY FOC	DD / FORMULA [DATES accepta	able / not e	expired	[3-4.5-5(b)]							2-5
TOTAL												L
Room Name		mended Inf	ant T	oddler	Two	Three	Four	Five	Six and		dren sent	Staff
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TOTAL RECOMME	NDED CAPACIT	Y:										
					SCORING							
POSSIBLE POINTS	N/A ITEMS (-)	REMAINING	POINTS	"NO"	POINTS (-)	WITH * N	OF ITEMS MARKED X 20 (-)		LNUMBE NONCOMPL X 5 (-)		TOTA	L POINTS
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D Water Com			Dulla!		TERISKED I		, ,] Da	ond-4 O : S	o Clas:: 5	rog = de	о Гошения
Water Supply												es Followed
☐ Building Safe							_	y Hazardo		_		
				_	od Handlers			_	ion Compl		oproved	
Sewage Disp			Handwash	_				_	History Ch			
Dishwashing	☐ Dishwashing Correct ☐ Staff Handwashing, Diapering ☐ Child Pro							tection Inc	lex (CPI)	Checks		

	Children Handwashing	☐ Pest Infestation ☐ Building Structure			
Percentage: (Total points divided by possible re					
Signature of provider			Date (month, day, year)		
Ministry approved at time of inspection?	☐ Yes ☐ No	Survey approval date (mo	nth, day, year)		

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

REGISTERED DAY CARE MINISTRIES									
	CHILDREN'S RECORDS								
NAME OF CHILD	IMMUNIZATION HISTORY	PARENT NOTICE SIGNED							
Number of staff records reviewed	Number of c	shildren's records reviewed							

Registration number							Date (month, day, year)			
Name of facility						County				
SQUARE FOOTAGE OF ROOMS										
ROOM	LENGTH	х	WIDTH	=	TOTAL SQUARE FEET	•	35	=	TOTAL CHILDREN	
		х		=		÷	35	=		
		Х		=		•	35	=		
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Comments:										