

Daycare Inspection Report

REQUIREMENT (Reference ARM Title 37, Chapter 95, Subchapter 2)

	Cascade City-County Health Department 115 4th Street South Great Falls, MT 59401 406-454-6950	PWS ID	Date <u>04/17/2019</u>	
		Waste Water	Time In <u>12:00 am</u> Time Out <u>12:01 am</u>	
Establishment SAMPLE	Address	City/State GREAT FALLS, MT	Zip Code 59401	Telephone
Permit Holder SAMPLE	Purpose of Inspection ROUTINE INSPECTION	Number of Staff 0	Number of Children 0	

IN = Use this box if item is in compliance OUT = Use this box if the item is out of compliance N/O = Use this box if you did not observe the item during the inspection N/A = Use this box if the item does not apply to the facility

WATER

1	WATER SUPPLY IS A PUBLIC SYSTEM <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
2	WATER SUPPLY IS A PRIVATE SYSTEM <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A

WASTEWATER

3	WASTEWATER SYSTEM IS PUBLIC <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
4	WASTERWATER SYSTEM IS PRIVATE <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A

SOLID WASTE

5	SOLID WASTE CONTAINERS WITH TIGHT LIDS, WATER-PROOF, CLEANED, NON-TIPPING. STORAGE AREA CLEANABLE <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
6	WEEKLY REMOVAL TO APPROVED LANDFILL, IN COVERED CONTAINERS/VEHICLES <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A

LAUNDRY

7	LAUNDRY SEPARATED, STORED, SORTED TO PREVENT CONTAMINATION OF CLEAN WITH DIRTY <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
8	DIRTY LAUNDRY NOT STORED IN FOOD PREP/DINING/FOOD STORAGE. NOT ACCESSIBLE TO CHILDREN. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
9	WASH TEMP EQUAL TO OR GREATER THAN 140F FOR EQUAL TO OR GREATER THAN 8 MINS. HOT AIR DRY. DRYER VENT <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
10	BEDDING WASHED WHEN SOILED AND BETWEEN CHILDREN. AIRED OUT TO PREVENT MILDEW. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A

CLEANING

11	CLEANING SUFFICIENT TO PREVENT INSECT/RODENT/VERMIN HARBORAGE INSIDE AND OUTSIDE. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
12	FLOORS, WALLS, CEILINGS, FURNISHINGS, EQUIPMENT EASILY CLEANABLE AND CLEAN. NO DRY DUSTING/MOPPING. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
13	TOYS CLEANED, SANITIZED (1/4 C BLEACH/GAL WATER), AIR DRIED, RINSED, AIR DRIED AT LEAST WEEKLY <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
14	CHEMICALS/CLEANERS/PESTICIDES STORAGE SEPARATELY, UNREACHABLE TO KIDS. USED PROPERLY. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A

HANDWASHING

15	HANDWASHING SINK WATER 100-120F. SUPPLIED WITH SOAP, PAPER TOWELS/AIR DRYER <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
----	---

BATHROOMS	
16	BATHROOM TOILET TISSUE ALWAYS AVAILABLE
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
17	BATHROOM CLEANERS CONTAIN FUNGICIDE/GERMICIDE. SUPPLIES SEPARATED BY PURPOSE (PREVENT CONTAMINATION)
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
TEMPERATURE	
18	TEMPERATURE EQUAL TO OR GREATER THAN 65F IN ALL AREAS
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
INFANTS	
19	INFANT CRIBS/PLAYPENS/TOYS CLEANED, SANITIZED, AIR DRIED, RINSED, AIR DRIED DAILY.
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
20	SEPARATE CRIBS OR BEDDING LAUNDERED BETWEEN INFANTS
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
21	BATHING FACILITIES SEPARATE FROM FOOD/PLAY/SLEEPING AREAS
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
22	DIAPER AREA ADEQUATE/CLEANABLE, SEPARATE FROM FOOD/PLAY CLEANED SANITIZED AIR DRIED RINSED AIR DRIED
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
23	DIAPER RECEPTACLE LINED/CLEANABLE, NOT ACCESSIBLE TO KIDS, EMPTIED/CLEANED AT LEAST DAILY
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
24	STAFF AND INFANTS HANDS WASHED AFTER DIAPERING
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
25	HANDWASHING SINK EQUAL TO OR GREATER THAN 6 FEET FROM FOOD PREP/WASHING/EQUIPMENT
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
26	VARIANCE FOR HANDWASHING SINK LOCATION APPROVED, POSES NO HEALTH HAZARD
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
27	ADEQUATE DIAPERS, AT LEAST 1 CHANGE OF CLOTHING REQUESTED OF PARENTS
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
28	CLOTH DIAPERS ALLOWED, SACKED AND LABELED, RINSED/LAUNDERED OFF-SITE, REMOVED AT LEAST 2X PER WEEK
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
FOOD SERVICE	
29	FOOD SERVICE MEETS APPLICABLE ARM(S) EXCEPT FOR THE FOLLOWING
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
30	FAMILY KITCHEN OK FOR FOOD PREP. EXEMPT FROM LICENSURE/INSPECTION/TRAINING AS A FOOD SERVICE EST.
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
31	DOMESTIC DISWASHER OK IF HAS HEATING ELEMENT, WASHES ALL DISHES FROM 1 MEAL, 2-BAY SINK BACK UP
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
32	SANITIZES WITH AT LEAST 165F OR HEAT CYCLE COMPLETED WITH HEATING ELEMENT
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
33	1ST SINK CLEAN HOT DETERGENT SOLUTION, 2ND SINK AT LEAST 50PPM CHLORINE AT 75F FOR 1 MIN, AIR DRIED
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
34	FOOD FROM APPROVED SOURCES. NO HOME CANNED FOODS.
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
35	FOOD SERVED FAMILY-STYLE THROWN AWAY AFTER MEAL
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
36	POTENTIALLY HAZARDOUS FOOD AT MOST 45F/AT LEAST 140F. GROUND BEEF COOKED TO 155F. FOOD THERM USED.
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
37	WATER ALWAYS AVAILABLE. EATING SUPERVISED. INFANTS HELD UPRIGHT. FOOD LABELED WITH NAME.
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
SWIMMING POOL	
38	SWIMMING POOL ON SITE
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
39	NO DROWNING HAZARDS. BATHTUBS, BUCKETS, OTHER WATER RECEPTACLES EMPTIED IMMEDIATELY AFTER USE.
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A

NUTRITION

40	NUTRITION REQUIREMENTS CHECKED BY DPHHS-CACFP, AGREEMENT NUMBER RECORDED
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A
41	NUTRITION REQUIREMENTS CHECKED BY REGISTERED DIETITIAN, REPORT DATE AND REGISTRATION NUMBER
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A

IMMUNIZATIONS

42	IMMUNIZATION RECORDS CHECKED BY LOCAL PUBLIC HEALTH AUTHORITY (USUALLY RN)
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A

OTHER

43	RATIO OF INFANTS/CHILDREN TO STAFF AT TIME OF INSPECTION
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A

Measured Observations

No Measured Observations

Inspection Images

Total # of Images: 0

Overall Inspection Comments:

Overall Inspection Comments

Signatures

Follow-up: NO

Follow-up Date: