

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

CHILDCARE PROVIDER SANITATION CHECKLIST FOR NEW

FAMILY CHILD CARE HOMES	
TO BE COMPLETED BY APPLICANT	
DVN#: Provider Name / Facility Name:	
Facility Address: Contact Information (Phone#, E-mail Address, Cell#, etc.):	
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The complete copy of the sanitation guidelines can be found on the internet at:	
http://health.mo.gov/safety/childcare/pdf/Guidelines-FamilyHome.pdf	
Please read the Sanitation Inspection Guidelines (Guidelines). The checklist below includes some of the most common deficiencies found or	າ initial sanitation
inspections. Each sanitation requirement is designed to help the caregiver keep children healthy and safe. Please verify facility compliance of	all items listed
within the enclosed sanitation checklist prior to submitting the form.	
<u>Item</u> <u>Reference/Interpretiv</u>	e Guidelines
[1 Equility is along and free of unconitary conditions	Dago 2: A 1
Facility is clean and free of unsanitary conditions.Walls, ceilings and floors are in good repair.	Page 2: A.1 Page 2: A.1
	Page 2: A.1
Painted or varnished surfaces are in good repair (no chipping or peeling surface coatings). Year facility was built:	Page 3: A.2
Facility is free of evidence or harborage of pests and rodents (entire premises).	Page 4: A.3
Facility is well vented and free of molds and odors.	Page 4: A.4
Mechanical ventilation installed in all bathrooms.	Page 4: A.4
Provider agrees that if a lead hazard evaluation suggests there may be a lead hazard in the facility a licensed risk assessor must	1 age 4. A.4
conduct a lead risk assessment.	Page 5: A.6
No toxic or dangerous plants accessible to children.	Page 6: A.7
All sinks have mixing faucets and are supplied with both hot and cold running water.	Page 7: A.9
Hot water temperatures at least 100° F.; hand sinks used by children are maximum of 120° F.	Page 7: A.10
Pets free of communicable diseases; current vaccinations on file as required by local codes; pet living quarters are clean.	Page 8: A.11
No reptiles. Birds of parrot family are tested for psittacosis.	Page 9: A.13
Swimming pools are treated, filtered and tested; meets local codes (No wading pools).	Page 9: A.14
At least one permanent potable water source available for drinking purposes / human consumption only.	Page 11: B.1
Type of water supply: [] Public or [] Well	Page 11: B.1
Sewage system in compliance with state and local regulations.	Page 12: C.1
Type of sewage system: [] Public or [] On-site	Page 12: C.1
[] No open discharge pipes.	Page 12: C.1
[] Lagoon fenced (48 inches high, minimum).	Page 12: C.1
[] Kitchen (food preparation area) has adequate ware washing equipment (2-compartment sink, minimum).	Page 14: D.3
Food served to children in care is from approved sources. (No use of home-canned food; No unpasteurized milk).	Page 16: E.1
Refrigerator in kitchen holds temperature at 41° F., or less with readable thermometer.	Page 18: E.7
Soap, warm running water, and sanitary hand drying mechanisms installed at each hand sink location.	Page 19: D.1
Metal-stemmed thermometer for checking hot / cold food & water temperatures; minimum range of 0-220° F. in 2° increments.	Page 19: E.8
Approved 3-bottle method used for wash, rinse, and sanitizing of food contact surfaces, diapering surfaces, clean-in-place toys.	Page 24: F.3
Appropriate test strips available for type of sanitizer agents used.	Page 27: F.6
Diapering surfaces are in good repair (no tears, rips, or holes); constructed of smooth, easily cleanable, and non-absorbent materials.	Page 26: F.5
Adequate number of waste containers.	Page 28: G.1
[] Food waste containers covered w/ tight-fitting lids when not in use; covered unit in staff bathroom.	Page 28: G.3
Non-absorbent containers with tight-fitting lids designated for diaper use only; installed immediately adjacent to the diapering surface.	Page 29: G.5
I hereby acknowledge that I and my staff have read the Guidelines. I have checked-off each item above, and by doing so, I acknowledge that my knowledge, my facility meets the sanitation requirements therein. I understand I will be contacted to schedule an inspection.	t to the best of
Applicant Name (please print) Applicant Signature D	ate
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Sign and return this form by sending it to: Bureau of Environmental Health Services-Environmental Child Care Program, PO Box 570, 930 Wildwood Dr., Jefferson City, MO 65102-0570. An Environmental Public Health Specialist will contact you to schedule an appointment for your initial sanitation inspection <u>after</u> the completed checklist has been received and processed by the ECC office. If you have any questions or need additional clarification, please feel free to contact BEHS-ECC by phone at (573) 751-6095.