

CHILD CARE CENTER ASSESSMENT WORKSHEET

I. GENERAL INFORMATION

Name of Center: _____ Date: _____

Address: _____ Director: _____

Phone No: _____ No. Staff Members: _____

Reason for Visit (Outbreak, routine, referral, etc.): _____

Is the Center Licensed? Yes ___ No ___ DHS Licensing Pending: _____

Days & Hours of Operation: _____ No. of Children Licensed for: _____

No. Children Enrolled: _____ Children's' Age Range: _____ to _____

Drop-in Accepted: Yes ___ No ___ Approximate Number of Drop-ins Each Week _____

II. ROOMING AND STAFF ARRANGEMENTS

1. Total Number of Classrooms: _____ List age groups in each room and No. enrolled:

Age Group	No. Enrolled
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Are children separated by age group at all times (including early morning, late evening)?
Yes ___ No ___ If no:

- a. During what time period are children together in the morning? _____
- b. What time are they together in the afternoon? _____
- c. At what other times are they together? _____

3. Are any children transferred to or from another center on a regular basis? Yes ___ No ___
If yes, explain:

4. Do workers ever interchange age group assignments (including breaks, due to illness, etc.)?
Yes ___ No ___

III. FOOD HANDLING

1. How many cooks prepare food? _____
2. Who prepares food if the cook is ill? _____
3. Does the cook ever work directly with the children? Yes ___ No ___
If yes, with diapered children? Yes ___ No ___
4. List all routine meals/snacks served at the child care center and approximate time served.

5. Is food preparation done at the center? Yes ___ No ___
If no: Where? _____
6. Was a food service inspection performed in response to this disease report? (If yes, attach copy of report).

Yes ___ Date _____ Name of sanitarian: _____
No ___ If no, explain: _____

IV. HYGIENE/SANITATION ASSESSMENT

The following questions reflect issues that should be assessed by observation during a tour of the center. "Yes" responses reflect optimal standards for prevention of disease transmission. "No" responses indicate a potential risk for transmission to occur.

A. Toilet Facilities

1. Total number of bathrooms in center: ___ Total No. of changing tables: ___
2. Are the following available at each sink in center?
Soap: Yes ___ No ___ Paper towels: Yes ___ No ___
3. Is toilet paper available at each toilet in the center? Yes ___ No ___
4. Are sinks, soap dispensers, and disposable towels in toddler bathrooms at child level and/or are step stools in place by sink? Yes ___ No ___
5. Are sinks adjacent to all changing tables and toilets or potty chairs? Yes ___ No ___
6. Do the sinks produce hot water: Yes ___ No ___
7. Do the toilets flush properly? Yes ___ No ___
8. Is a covered trash container available at each sink and changing table?
Yes ___ No ___

B. Hygiene Factors

1. Is there an organized pattern for handwashing after toileting and before meals?
Yes ___ No ___
2. Are children supervised for handwashing each time they attend the bathroom?
Yes ___ No ___
3. Are disposable wipes used for cleaning during diaper changing? Yes ___ No ___
4. Is there an education program developed and used to promote handwashing among staff and children? Yes ___ No ___

C. Housekeeping

1. Are the following clean?

	Yes	No		Yes	No
Walls	___	___	Toilets/Potty Chairs	___	___
Walkers	___	___	Cribs	___	___
High Chairs	___	___	Playpens	___	___
Tables	___	___	Toys	___	___
Sinks	___	___	Door Handles	___	___
Floors	___	___	Chairs	___	___

2. Is a labeled, properly working spray bottle of bleach solution (1/4 cup bleach per gallon of water) available at (If other disinfectant is used, please note the specific brand.)

	Yes	No
Each changing table?	___	___
Near each eating area?	___	___
In each bathroom?	___	___

3. Is the bleach solution changed daily? Yes ___ No ___
If no, how often? _____
4. Are changing table surfaces of a nonpermeable, washable material in good condition?
Yes ___ No ___
5. Are crib mattresses covered with a nonpermeable, washable material in good condition?
Yes ___ No ___
6. Are toys washed with bleach solution or disinfectant daily? Yes ___ No ___
If no, how often? _____
7. Are cribs, playpens, high chairs and walkers washed with bleach solution or disinfectant daily? Yes ___ No ___

