

Inspection of Adult Day Service Facility

Score: _____
Date of Insp/Chg _____
Status Code: _____

Health Department _____
Current Facility ID _____
Old Facility ID _____

Classification: Superior Approved Provisional Disapproved

Water Supply: <input type="checkbox"/> 1 Community	<input type="checkbox"/> 3 Non-Transient Non-Community	Water sample taken today? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 2 Transient Non-Community	<input type="checkbox"/> 4 Non-Public Water Supply	<input type="checkbox"/> 1 Inspection
Wastewater System: <input type="checkbox"/> 1 Community <input type="checkbox"/> 2 On-Site System	Maximum Capacity _____	<input type="checkbox"/> 2 Re-Inspection
		<input type="checkbox"/> 3 Verification of Closure
		<input type="checkbox"/> 4 Status Change

Name of Facility: _____ Operator: _____

Address (City, Zip Code): _____

FOOD: (.3304, .3305, .3306, .3307, .3308, .3310) Demerits

- *1. From approved sources, free from spoilage and adulteration 6 _____
- 2. Potentially hazardous food temperatures 5 _____
- 3. Properly prepared, handled, packaged, and identified 4 _____
- 4. Not re-served 4 _____
- 5. Protected at all times according to these rules 4 _____
- 6. Refrigerators with thermometers, product thermometers provided 3 _____

FOOD SERVICE EQUIPMENT AND UTENSILS: (.3304, .3306, .3307, .3309, .3310, .3311, .3312, .3313, .3314, .3316)

- *7. Meets specifications for refrigeration, sinks, and dishwashing equipment according to type of service 6 _____
- 8. Meets requirements for handwash lavatories 5 _____
- 9. Meets specifications for other equipment and utensils, approved material and construction, in good repair 4 _____
- *10. Food contact surfaces, including multi-use utensils, properly washed, rinsed and sanitized 6 _____
- *11. Single-service articles not reused 6 _____
- 12. Single-use articles not reused 2 _____
- 13. Non-food contact surfaces clean 4 _____
- 14. Equipment and utensils, including single-service articles, protected from contamination 4 _____
- 15. Approved testing equipment for sanitizers, sanitizing solution provided 3 _____

WATERSUPPLY: DRINKING WATER FACILITIES: (.3315, .3316)

- *16. Supply meets 15A NCAC 18A .1700 or 15A NCAC 18C 6 _____
- *17. Hot water supplied and maintained in accordance with this section 6 _____
- 18. No cross connections, backflow prevention devices provided 4 _____
- 19. Drinking fountains or drinking utensils of approved type, regulated, clean 4 _____

TOILET AND LAVATORY FACILITIES: (.3310, .3317, .3318, .3319)

- 20. Toilets and lavatories provided, properly located 5 _____
- 21. Fixtures properly sized, cleaned, sanitized, cleaning and sanitizing solutions provided 4 _____
- 22. Potty chairs, bedpans, urinals properly located, cleaned and sanitized 4 _____
- 23. Soap, disposable towels or approved hand-drying device; lavatories free of storage 4 _____
- 24. Approved clothing changing facilities 4 _____
- 25. Clothing change and bathing surfaces cleaned and sanitized after each use; cleaning and sanitizing solutions provided and labeled.. 4 _____
- 26. Approved clothing changing methods by caregivers 5 _____
- 27. Test kits provided; sanitizer labeled 3 _____
- 28. Clothing changing surfaces clean and free of storage 2 _____
- 29. Handwashing signs posted 2 _____

STORAGE: (.3317, .3320) Demerits

- *30. Medications and hazardous products properly stored and locked 6 _____
- 31. Facilities provided for proper storage, kept clean 3 _____

BEDS, LINENS, FURNITURE AND EQUIPMENT: (.3321, .3322)

- 32. Beds, chairs, cots, or mats clean and in good repair, stored properly 5 _____
- 33. Mattress covers, individual linen provided 5 _____
- 34. Linen clean, in good repair; properly handled and stored ... 4 _____
- 35. Other furniture and equipment easily cleanable, good repair clean 4 _____

PERSONNEL: (.3323)

- 36. Approved hygienic practices, clean clothes, hair restraints where required 3 _____
- 37. Tobacco not used in food prep areas or areas occupied by non-smokers 5 _____

- *38. Persons with communicable disease or a communicable condition excluded from situations in which transmission can reasonable be expected to occur, in accordance with 15A NCAC 19A.0200 6 _____
- *39. Wounds or lesions properly bandaged 6 _____

FLOORS, WALLS & CEILINGS: (.3324, .3325)

- 40. Easily cleanable, durable, good repair, clean 4 _____

LIGHTING AND THERMAL ENVIRONMENT: (.3326)

- 41. Maintained as required 4 _____
- 42. Equipment clean and in good repair 2 _____

COMMUNICABLE DISEASE CONTROL: (.3327)

- 43. Designated area for sick participants 5 _____
- 44. Treatment room provided for day health facilities 5 _____

HANDWASHING: (.3308, .3319, .3328)

- 45. Proper handwashing 5 _____

WASTEWATER: (.3329)

- *46. Wastewater disposed of by approved methods 6 _____

SOLID WASTES: (.3330)

- 47. Solid waste properly handled 2 _____
- 48. Can cleaning facilities adequate and containers kept clean.. 2 _____

ANIMAL & VERMIN CONTROL: PREMISES;

OUTDOOR ACTIVITY AREA: (.3331, .3332)

- *49. Approved pesticides, properly used 6 _____
- 50. Effective control of rodents, insects, and other vermin 4 _____
- 51. No animals in food prep areas and no unrestrained animals except as noted 4 _____
- 52. Premises clean, drained, and free of hazards, vermin harborage and breeding areas 4 _____

SWIMMING & WADING POOLS: (.3833)

- *53. Designed, constructed, operated and maintained in accordance with 15A NCAC 18A .2500 6 _____

Signed _____ AGENT *Indicates critical item (6-point demerit).

Division of Environmental Health

Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt standards governing the sanitation of child day care facilities. G.S. 130A-235 requires the facility to submit evidence to the Division of Facility Services or Division of Aging that it conforms to the standards. This form is to provide such evidence. **Preparation:** Local environmental health specialists shall complete the form every time an inspection is conducted and prepare an original and two copies to be submitted: 1. Original for Division of Child Development, N.C. Department of Health and Human Services. 2. Facility operator. 3. Local health department. **Classification:** Superior – 0-15 demerits, no 6-point demerit **Approved** – 16-30 demerits, no 6-point demerit **Provisional** – 31-45, or 6-point demerit **Disapproved** – 46 or more demerits, or failure to improve Provisional classification **Disposition:** Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)