



**STATE OF MONTANA**  
**Food & Consumer Safety Section**  
**Department of Public Health & Human Services**

Date \_\_\_\_\_

**Daycare Center Environmental Health Inspection Report**

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Facility Name _____	Number of Staff _____	Infants (< 2yrs) _____	Children _____
Director _____	Phone _____		
Location Address _____	City _____	County _____	
Inspection Purpose: Regular ____ Follow-up ____ Complaint ____ Illness Investigation ____ Pre-opening ____ Other _____			

<i>REQUIREMENT (Reference ARM Title 37, Chapter 95, Subchapter 2)</i>	YES	NO	Not Observed	N/A
<b>Water supply</b> is a public system. <i>Complete Attachment A if new license or problems noted.</i> Water supply is a private system. <i>Complete Attachment A.</i>				
<b>Wastewater system</b> is public. <i>Complete Attachment A if new license or problems noted.</i> Wastewater system is private. <i>Complete Attachment A.</i>				
<b>Solid waste</b> containers w/ tight lids, water-proof, cleaned, non-tipping. Storage area cleanable. Weekly removal to approved landfill, in covered containers/vehicles.				
<b>Laundry</b> separated, stored, sorted to prevent contamination of clean w/ dirty. Dirty laundry not stored in food prep/dining/food storage. Not accessible to children. Wash temp $\geq 140^{\circ}\text{F}$ for $\geq 8$ min. Hot air dry. Dryer vented to outside. Bedding washed when soiled & between children. Aired out to prevent mildew.				
<b>Cleaning</b> sufficient to prevent insect/rodent/vermin harborage inside & outside. Floors, walls, ceilings, furnishings, equipment easily cleanable & clean. No dry dusting/mopping. Toys cleaned, sanitized ( $\frac{1}{4}$ C bleach/gal water), air dried, rinsed, air dried at least weekly. Chemicals/cleaners/pesticides storage separately, unreachable to kids. Used properly.				
<b>Handwashing sink</b> water $100\text{-}120^{\circ}\text{F}$ . Supplied with soap, paper towels/air dryer.				
<b>Bathroom</b> toilet tissue always available. Cleaners contain fungicide/germicide. Supplies separated by purpose to prevent contamination.				
<b>Temperature</b> $\geq 65^{\circ}\text{F}$ in all areas.				
<b>Infant</b> cribs/playpens/toys cleaned, sanitized, air dried, rinsed, air dried daily. Separate cribs or bedding laundered between infants. Bathing facilities separate from food/play/sleeping areas. Diaper area adequate/cleanable, separate from food/play, cleaned, sanitized, air dried, rinsed, air dried. Diaper receptacle lined/cleanable, not accessible to kids, emptied/cleaned at least daily. Staff & infants hands washed after diapering. Handwashing sink $\geq 6$ ft from food prep/washing/equipment. Variance for handwashing sink location approved, poses no health hazard. Adequate diapers, $\geq 1$ change of clean clothes requested of parents. Cloth diapers allowed, sacked & labeled, rinsed/laundered off-site, removed $\geq 2x$ per week.				
<b>Food service</b> meets ARM 37.110.2, <i>except for the following:</i> <i>Family kitchen ok for food prep. Exempt from licensure/inspection/training as food service establishment.</i> Domestic dishwasher ok if has heating element, washes all dishes from 1 meal, 2-bay sink back-up. Sanitizes w/ $\geq 165^{\circ}\text{F}$ or heat cycle completed w/ heating element. $1^{\text{st}}$ sink clean hot detergent solution, $2^{\text{nd}}$ sink $\geq 50$ ppm chlorine at $\geq 75^{\circ}\text{F}$ for 1 min, air dried. Food from approved sources. No home canned foods. Food served family-style thrown away after meal. Potentially hazardous foods $\leq 45$ or $\geq 140^{\circ}\text{F}$ . Ground beef cooked to $155^{\circ}\text{F}$ . Food thermometer used. Water always available. Eating supervised. Infants held upright. Food labeled with name.				
<b>Swimming pool</b> on site. <i>Complete Attachment A.</i> No drowning hazards. Bathtubs, buckets, other water receptacles emptied immediately after use.				
<b>Nutrition</b> requirements checked by DPHHS-CACFP, agreement # _____ -or- by registered dietitian, report date _____ registration # _____				
<b>Immunization</b> records checked by local public health authority (usually RN).				

Report Received By \_\_\_\_\_ Title \_\_\_\_\_

Inspector \_\_\_\_\_ Phone \_\_\_\_\_ Follow-up Inspection Required: Yes / No