

**CHILD AND YOUTH PROGRAM (CYP)
COMPREHENSIVE HEALTH/SANITATION CHECKLIST**

SUPPORTING DIRECTIVE OPNAVINST 1700.9E

Facility		Location			Page __ of __				
Name/Grade of Inspector		REASON FOR INSPECTION							
		Compliance <input type="checkbox"/>	Follow Up <input type="checkbox"/>	Investigation <input type="checkbox"/>	Other <input type="checkbox"/>				
Health/Sanitation Findings	Itemized Repeat Discrepancies	Previous Findings			Date and Time				
ITEM 1. CYP PROGRAMS' COMPLIANCE WITH HEALTH STANDARDS OF CYPs							YES	NO	NA
A. Is a health inspection conducted by preventive medicine officials or designee monthly and as needed for programs preparing food, and quarterly and as needed for programs not preparing food?									
B. Are copies of previous health/sanitation inspections with corrective actions taken maintained on site?									
C. Is a medical officer assigned as the point of contact for medical assistance or problems which may occur?									
D. Is staff training in First Aid and CPR current?									
E. Is there documentation to show all staff members have a current health screening?									
ITEM 2. CHILD AND YOUTH FACILITIES' COMPLIANCE WITH SERVICE HEALTH STANDARDS FOR CYPs							YES	NO	NA
A. Are floors and walls clean and free from hazards, such as: mold, spilled water, etc?									
B. Is smoking prohibited in the CDH program when children are in care? Smoking and the use of tobacco (including smokeless) is prohibited in or near any CYP facility, or playground.									
C. Are Microwave ovens only for independent cooking projects and not stored in the classrooms?									
D. Are the refrigerators clean and not used for staff personal items?									
E. Is the indoor environment heated, cooled and ventilated to protect the health of children?									
F. Does the food services area have adequate ventilation to remove excess heat and humidity?									
G. Is the water quality checked annually by Preventive Medicine and meets the standards in accordance with BUMEDINST 6240.10 series.									
H. Are drinking fountains installed with guarded, angled drinking heads, and placed at a suitable height for children's use?									
ITEM 3. LAUNDRY FACILITIES AND PEST CONTROL							YES	NO	NA
A. Are laundry services operated in accordance with NAVMED P5010-2?									
B. Are laundered articles stored in a clean location and protected against contamination?									
C. Is soiled laundry stored in receptacles with lids, inaccessible to children, and separate from food and other supplies?									
D. Disposable diapers are placed in easily sanitized, plastic-lined, hands free covered containers with tight fitting lids and stored away from play, sleep and food service areas.									
E. Is pest control in accordance with NAVMED P-5010-8?									
F. Are any pets or other animals present in good health, showing no signs of carrying any disease?									
ITEM 4. FOOD SERVICE OPERATIONS							YES	NO	NA
A. Are all food service operations, and procurement, storage, preparations and dishwashing performed in accordance with NAVMED P-5010-1?									
B. Is a current covered list of children with food allergies posted in the room where meals are served and in the kitchen?									
C. Are all food preparation and food service surfaces are first cleaned with soap and water and then sanitized with bleach and water before and after serving food?									
D. Are all infant bottles labeled with the child's name and date?									

E. Are only bottle warmers or warm running water used to heat baby food, formula, and breast milk?			
F. Does the staff clean stoves, ovens, microwaves, toasters, popcorn machines, and other appliances after each use?			
G. Are all refrigerators clean?			
H. Are ice machines cleaned monthly and documentation maintained on file.			
I. Is the ice scoop properly stored outside of the ice machine?			
J. Has personnel working in food service completed all the required training in food service operations and record of training certificates kept on site?			
ITEM 5. SANITATION AND INFECTION CONTROL	YES	NO	NA
A. Are sinks used for diapering not co-located with food service areas or sinks used for dishwashing?			
B. Do hand washing areas have hot and cold mixing faucets with water temperatures between 60 and 110 degrees Fahrenheit?			
C. Are water, soap, and paper towels accessible to children in hand washing areas?			
D. Are the National Centers for Disease Control's hand washing procedures posted and followed?			
E. Is bleach solution made daily and labeled with the correct date?			
F. Are the National Centers for Disease Control's diapering procedures posted and followed?			
G. Are toys cleaned daily and when soiled for children 0-3 years, and weekly and when soiled for children 3 years and up.			
ITEM 6. CUSTODIAL AND HOUSEKEEPING SERVICES, AND WASTE DISPOSAL	YES	NO	NA
A. Is the installation custodial contract, incorporating CYP facility cleaning services, reviewed jointly by the CYP director and health proponents to ensure compliance with OPNAVINST 1700.9 series standards?			
B. Is solid waste and garbage kept in durable, leak-proof, non-absorbent waste containers with tight fitting lids?			
C. Are all trash receptacles hands free?			
ITEM 7. ORAL HEALTH	YES	NO	NA
A. Are toothbrushes labeled with each child's name?			
B. Are toothbrushes stored so they do not drip on other toothbrushes, separated from one another, allowed to air dry and not in contact with any other surface?			
ITEM 8. FIRST AID KIT	YES	NO	NA
A. Does the first aid kit contain only the items listed in OPNAVINST 1700.9 series in chapter 19?			
B. Are all required items available?			
C. Are contents of the kit checked monthly?			
D. Is the first aid kit stored in areas inaccessible to the children?			
ITEM 9. CHILD ADMISSION REQUIREMENTS	YES	NO	NA
A. Are current immunization records required prior to admitting children in a CYP? (NOTE: <i>If immunizations are not administered due to a medical condition, is there a statement from the child's health care provider? If there are no immunizations given due to religious beliefs is there a waiver signed by the parents on file?</i>)			
B. Are children screened for illness upon arrival at the center?			
C. Are children admitted who show obvious signs of being acutely ill? (NOTE: <i>See exclusion criteria in OPNAV 1700.9 series chart in chapter 19, page 19-19.</i>)			
D. Does the staff know the children enrolled with allergies or special needs?			
E. Does the staff know what to do if a child has a food reaction or other medical emergency?			
F. Are there action plans that have been reviewed and approved by the Inclusion Action Team (IAT) in the files of children with special needs, including allergies or medical conditions?			

10. MEDICATIONS	YES	NO	NA
A. Is medication administered in accordance with OPNAVINST1700.9 series?			
B. Are only topical, oral medication, inhalers, and simple injectables, such as Epi-pens, administered?			
C. Are medications received in their original containers which include the following: child's first and last name, date prescription was filled and expiration date, name of health care provider, instructions for administration and storage, and name and strength of medication?			
D. Is the Navy CYP Medications Authorization Form (CNICYP 1700/08) completed by the parent and health care provider and maintained in the child's file for all children requiring medication administration?			
E. Is the Navy CYP Medication Log Form (CNICYP 1700/21) used to document and maintain daily written record of all medication administered?			
F. Are medications stored in an area inaccessible to the children?			
G. Has the designated staff received training on the procedures for administering the medication?			

<p>Comments and Recommendations:</p>	
SIGNATURE OF INSPECTOR	SIGNATURE OF SUPERVISOR