

North Carolina Association of Local Health Directors
 Full Association Meeting
 June 17, 2010
 9:00 AM – Cardinal Room, Six Forks Road

Call to Order	Danny Staley
Approval of Minutes from May Meeting.....	John Morrow
Treasurer's/ Financial Report	John Morrow
President's Report.....	Danny Staley
State Health Director's Report.....	Dr. Jeff Engel
Environmental Health Director's Report.....	Terry Pierce
N.C. Division of Public Health Report.....	Dennis Harrington /Joy Reed
Executive Director's Report.....	Lynette Tolson

ACTION ITEMS

Committee Reports ~

Epidemiology	Colleen Bridger
Policy and Planning	Gibbie Harris
Reimbursement and Finance	Leonard Wood
Preparedness	Doug Umland
Environmental Health	Mimi Cooper
Nominations and Bylaws	John Rouse
Education and Awards	Scott Harrelson
Accreditation	Beth Lovette
Health Promotion/Oral Health	Phillip Tarte
Women and Children's Health	Bill Smith
Technology	Layton Long

Action items from the Regions~

Region IX	Anne Thomas
Region X	Jim Rosen
Region I	Jim Bruckner
Region II	Carolyn Moser
Region III	Layton Long
Region IV	Maggie Dollar
Region V	Holly Coleman
Region VI	Ron Sapp
Region VII	Lynda Smith
Region VIII	Bill Smith

INFORMATION ITEMS

Committee Reports

Regional Reports

PARTNER REPORTS

NCAPHA.....	Anne Thomas
NCPHA.....	Mike Reavis/George O'Daniel

LIAISON REPORTS

Next Meeting ~ July 15th at 9:00 AM, Cardinal Room, Six Forks Road

North Carolina Association of Local Health Directors
Income & Expense Budget vs. Actual
January through May 2010

	<u>Jan - May 10</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
Ordinary Income/Expense				
Income				
Interest Income	732.13	2,160.00	(1,427.87)	33.9%
Membership Income				
NACCHO Dues	30,180.00	31,995.00	(1,815.00)	94.33%
NACCHO Rebate	2,338.40	2,000.00	338.40	116.92%
NCALHD Dues	59,078.20	59,078.20	0.00	100.0%
NCALHD Supplemental Dues	100,000.00			
Total Membership Income	<u>191,596.60</u>	<u>93,073.20</u>	<u>98,523.40</u>	<u>205.86%</u>
NCPHA Contributions Income	3,100.00			
Total Income	<u>195,428.73</u>	<u>95,233.20</u>	<u>100,195.53</u>	<u>205.21%</u>
Expense				
Administrative Services	21,500.00	51,600.00	(30,100.00)	41.67%
Awards	30.71	750.00	(719.29)	4.1%
Bank Charges	5.00	12.00	(7.00)	41.67%
Gifts	0.00	100.00	(100.00)	0.0%
Legislative Expense	204.00	204.00	0.00	100.0%
Meeting Expense	117.34	300.00	(182.66)	39.11%
NCPHA Contributions Expense	2,600.00			
Organizational Dues				
NACCHO Dues	30,180.00	31,995.00	(1,815.00)	94.33%
Total Organizational Dues	<u>30,180.00</u>	<u>31,995.00</u>	<u>(1,815.00)</u>	<u>94.33%</u>
Professional Services				
Accounting Fees	1,400.00	1,400.00	0.00	100.0%
Technology	180.00	1,080.00	(900.00)	16.67%
Total Professional Services	<u>1,580.00</u>	<u>2,480.00</u>	<u>(900.00)</u>	<u>63.71%</u>
Sponsorships	0.00	1,500.00	(1,500.00)	0.0%
Travel				
Meals	13.64			
Transportation	22.00			
Travel - Other	0.00	3,500.00	(3,500.00)	0.0%
Total Travel	<u>35.64</u>	<u>3,500.00</u>	<u>(3,464.36)</u>	<u>1.02%</u>
Website	30.00	180.00	(150.00)	16.67%
Total Expense	<u>56,282.69</u>	<u>92,621.00</u>	<u>(36,338.31)</u>	<u>60.77%</u>
Net Ordinary Income	<u>139,146.04</u>	<u>2,612.20</u>	<u>136,533.84</u>	<u>5,326.78%</u>
Net Income	<u>139,146.04</u>	<u>2,612.20</u>	<u>136,533.84</u>	<u>5,326.78%</u>

North Carolina Association of Local Health Directors

Balance Sheet

As of May 31, 2010

May 31, 10

ASSETS	
Current Assets	
Checking/Savings	
CD-SECU *4185	40,000.00
Checking-SECU *6586	13,028.29
Money Market-SECU *0321	143,474.25
Savings-SECU *1387	<u>40.32</u>
Total Checking/Savings	<u>196,542.86</u>
Accounts Receivable	
Accounts Receivable	<u>17,500.00</u>
Total Accounts Receivable	<u>17,500.00</u>
Total Current Assets	<u>214,042.86</u>
TOTAL ASSETS	<u>214,042.86</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	<u>5,700.00</u>
Total Accounts Payable	<u>5,700.00</u>
Total Current Liabilities	<u>5,700.00</u>
Total Liabilities	5,700.00
Equity	
Opening Bal Equity	50,793.88
Retained Earnings	18,402.94
Net Income	<u>139,146.04</u>
Total Equity	<u>208,342.86</u>
TOTAL LIABILITIES & EQUITY	<u>214,042.86</u>

11,073 *Partner for Bill for April.*

NCALHD ATTENDANCE ROSTER

June 17, 2010

Health Director Initial by County

Bold = Dues Paid

AB Alamance/Barry Bass	— Hertford/Ramona Bowser & Diane
AL Albemarle District/Jerry Parks	— McLawhorn, Interims
AL Alexander/Leanne Whisnant	— Hoke/Cynthia Oxendine
AL Anson/Dr. Francis Kateh (E)	— Hyde/Wesley Smith
AL Appalachian Dist/Danny Staley (E)	— Iredell/Donna Campbell
— Beaufort/Roxanne Holloman	BL Jackson/Paula Carden
— Bladen/Wayne Stewart	BL Johnston/Marilyn Pearson
BL Brunswick/Don Yousey	— Jones/Kristen Richmond-Hoover
BL Buncombe/ Gibbie Harris (E)	— Lee/Howard Surface
— Burke/David Rust	ML Lepior/Joey Huff
— Cabarrus/Phred Pilkington	ML Lincoln/Maggie Dollar (E)
ML Caldwell/Denise Michaud	ML Macon/Jim Bruckner (E)
— Carteret/J.T. Garrett	ML Madison/Carolyn Moser (E)
— Caswell/Fred Moore	ML MTW/Kathleen DeVore Jones
— Catawba/Doug Urland	ML Mecklenburg/Earl Mabry
ML Chatham/Holly Coleman (E)	— Montgomery/Tammie Bell
— Cherokee/Jim Higgins	ML Moore/Robert Wittman
ML Clay/Janice Patterson	— Nash/William Hill, Jr.
ML Cleveland/Denese Stallings <i>Dorthea Wiggant</i>	ML New Hanover/David Rice
ML Columbus/Kimberly Smith	ML Northhampton/Sue Gay
ML Craven/Scott Harrelson	ML Onslow/George O'Daniel
ML Cumberland/Buck Wilson	ML Orange/Rosemary Summers (E)
— Dare/Anne Thomas (E)	ML Pamlico/ Davin Madden
ML Davidson/Layton Long (E)	— Pender/Jack Griffith
ML Davie/Suzanne Wright	— Person/Janet Clayton
ML Duplin/Ila Davis (E)	ML Pitt/Dr. John Morrow (E)
<i>ML</i> Durham/Gayle B. Harris	ML Randolph/MiMi Cooper
— Edgecombe/Karen Lachapelle	ML Richmond/Tommy Jarrell
— Forsyth/Tim Monroe	ML Robeson/Bill Smith (E)
— Franklin/Chris M. Szwagiel	ML Rockingham/Glenn Martin
— Gaston/Colleen Bridger	— Rowan/Leonard Wood
— Graham/Alicia Parham, Interim	ML SAMP Dist./Jimmy Hines
ML Granville-Vance/Dr. Roddy Drake	ML Sampson/Wanda Robinson
ML Greene/Michael Rhodes	— Scotland/Ron Sapp
ML Guilford/Merle Green	ML Stanly/Dennis Joyner
ML Halifax/Lynda Smith (E)	ML Stokes/Josh Swift
ML Harnett/John Rouse (E)	ML Surry/Samantha Ange
— Haywood/Carmine Rocco	— Swain/Linda White
ML Henderson/Tom Bridges	— Toe River Dist./Jesse Greene

Transylvania/Steve Smith
Union/Phillip Tarte
Wake/Sue Lynn Ledford
Warren/ Andy Smith, RS, MPA
Wayne/Jim Roosen (E)
Wilkes/Beth Lovette (E)
Wilson/Felix Meyer
Yadkin/Mike Reavis (E)

Lynette Tolson, Executive Director
Jeff Engel, M.D., N.C. State Health Dir.
Terry Pierce, Environmental Hlth Dir.
Dennis Harrington, DPH Liaison
Joy Reed, DPH Liaison

GUESTS AND LIASONS FROM OTHER ORGANIZATIONS

John Hamby DPH
Cathy Cole, RN, Don Wayne Co. H.D.
NCAHNA
Jilly Herndon TPCB
Aaron Haynie - Currier Morris SW
Dorothy Lovette NCI PH
Peter Anderson - DPH/WCHS
Megan Davies - DPH/Epi
Jennifer Walker - Admin Officer II (Meck Co.)
Quicada McLean - Robeson County
Draaci Bruce - Robeson County
Selena Monk NC SOPHE
IDA JOHNSON DAWSON WAKE COUNTY HUMAN SERVICES
Robert Blackburn - ANCBH

Division of Environmental Health Report
NCALHD Meeting
June 17, 2010

- DEH Reorganization
 - Appropriations Subcommittee on Natural & Economic Resources Conference expected to recommend:
 - Leaving DEH in DENR intact
 - Legislative Study to consider efficiencies of reorganization
 - Subcommittee addresses recommendations adopted by NCALHD last month
 - LHD are primarily responsible for position taken by Subcommittee
 - Thanks for efforts to save WADE, Grade A Milk Program and Shellfish & Rec Water Quality
- MOA between DEH and DWQ
 - Budget & staff for Well Contractors Certification Commission will be transferred to DEH on July 1
 - DEH staff will provide all guidance and variances for private drinking water wells
- Annual Print Order-\$20,000 less than last year
 - Number of items ordered reduced from last year-fewer establishment inspections, electronic forms
 - Cost/unit reduced due to negotiations with Dept Corrections (printer)
- Illegal Food Establishments-not eligible for nonprofit exemption and/or exceeds number days/month
 - May require legislation to close loophole used by for-profits to claim nonprofit exemption
 - Looking at ways to develop statewide registration of eligible establishments to prevent moving among counties
 - Use BETS and private software vendors to provide list
- Swimming Pool Fences
 - According to the Rules, pool fencing is not considered as construction and design, therefore subject to grandfathering
 - Need to allow time to make corrections, unless there are obvious safety concerns
- Electronic Disease Surveillance System (NCEDSS)
 - Rollout delayed until June 28, programming error discovered by staff
- Local Fees for Foodservice Establishment Inspections
 - DEH, particularly TLP, is not trying to prevent legislation to allow fees to be assessed at local level
 - There have been no conversations with Legislators or NC Rest Assoc re: fees



June 15, 2010

Ladies and Gentlemen:

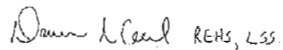
This letter is in reference to your request for comments at the SB 897 Joint Conference Committee meeting on June 14, 2010 at the LOB, room 423. It was evident from the meeting that your committee has many issues to address, in a short period of time, to reach your goals of completion. The North Carolina Environmental Health Supervisors Association (NCEHSA) would like to comment on three of the items identified in the "Comparison Report on the Continuation, Expansion, And Capital Budgets for Natural and Economic Resources".

1. Item 10 and item 61: Transfer of the Grade "A" Milk Program from the Division of Environmental Health (DEH) to the North Carolina Department of Agriculture (NCDA). The NCEHSA opposes this transfer of the Grade "A" Milk Program out of DEH for the following reasons: (a) The transfer is projected to cost the state almost 1.5 million dollars in the joint feasibility study done between NCDA, DEH, and the milk industry. (b) NCDA has less than one FTE designated in their Grade "B" milk program and local health departments have already assumed the largest part of their program through an MOA for inspecting soft serve ice cream in DEH regulated facilities. (c) The Grade "A" Milk Program has a long history of protecting public health in DEH with coordination with local health departments. (d) Local environmental health staff do not have the same relationships with NCDA as they have with DEH through training and authorizations. (e) If there is a need to combine the two programs, the very small and currently ineffectively run NCDA milk program should be transferred to DEH and combined with the Grade "A" Milk Program. There should be little cost involved and would free up .62 FTE in NCDA. (f) It was the unanimous decision in the dairy stakeholders meeting on March 26, 2010 with participation from DEH, NCDA, local public health, Division of Public Health, dairy industry, and NC State academia that the Grade "A" Milk Program remain in DEH.
2. Item 50 and item 58: Transfer Shellfish Sanitation to the Division of Marine Fisheries. The NCEHSA opposes the transfer of the Shellfish Sanitation Branch from DEH to the Division of Marine Fisheries. Shellfish has a long history of protecting public health in DEH through coordination with local health departments. During the recent food-borne outbreak in Raleigh caused by oysters, the Shellfish Sanitation Branch, Wake County Health Department, and the Division of Public Health coordinated to identify the source and limit the spread of disease. Two employeecs cannot carry out shellfish regulatory responsibilities necessary to protect the public health in North Carolina without help from local health departments. Local health departments have no relationship with the Division of Marine Fisheries.

3. The NCEHSA is not opposed to the transfer of DEH in its entirety to the Division of Public Health. However, the NCEHSA is opposed to public water, which is a vital public health program, remaining with Water Resources within the Department of Environment and Natural Resources. How can anyone question the public health significance of what millions of North Carolinians drink every day?

The NCEHSA is aware of the economic uncertainties facing North Carolina for at least the next two years and is committed to help institute or to support changes that will save the state money, provide better service for our citizens, and provide more protection for the public. The three proposed changes discussed in this letter would cause irreparable harm to public health, create confusion, and cost the state taxpayers. The NCEHSA recognizes the legislature's daunting budget task this year and any support you can provide for these three items is appreciated. If you need additional information, please do not hesitate to contact me either at 336-242-2310 or Darren.Cecil@davidsoncountync.gov, or call your local Environmental Health Supervisor.

Sincerely,

Handwritten signature of Darren N. Cecil in cursive, followed by the text "REHS, LSS".

Darren N. Cecil, REHS, LSS
President
North Carolina Environmental Health Supervisors Association

Regional Communicable Disease Nurse Consultants

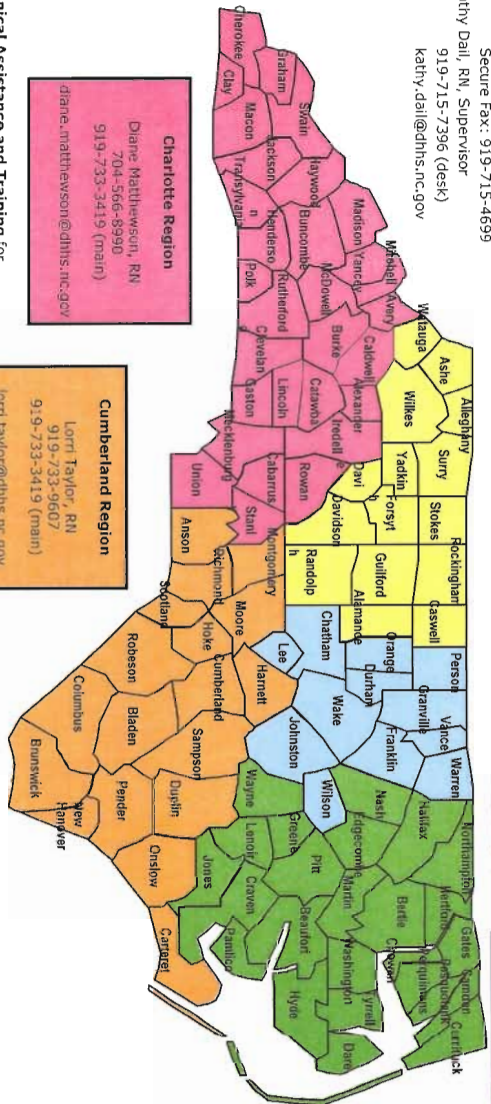
NC Division of Public Health
 Epidemiology Section/Communicable Disease Branch/Medical Consultation Unit
 Technical Assistance and Training
 Telephone (24/7): 919-733-3419
 Secure Fax: 919-715-4699

Kathy Dail, RN, Supervisor
 919-715-7396 (desk)
 kathy.dail@dhs.nc.gov

Winston-Salem Region
 Vacant*
 *Contact: Kathy Dail, RN
 919-715-7396
 919-733-3419 (main)

Raleigh Region
 Jodi Reber, RN
 919-715-5416
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 jodi.reber@dhs.nc.gov

Greenville Region
 Susan Thompson, RN
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 919-733-3419 (main)
 susan.thompson@dhs.nc.gov



Charlotte Region
 Diane Matthews, RN
 704-566-8990
 919-733-3419 (main)
 diane.matthews@dhs.nc.gov

Cumberland Region
 Lorrin Taylor, RN
 919-733-9667
 919-733-3419 (main)
 lorrin.taylor@dhs.nc.gov

Technical Assistance and Training for communicable diseases and conditions of public health significance, including case and outbreak investigations for Foodborne Disease, Healthcare Associated Infections, Hepatitis A and Hepatitis C infections, Novel Viruses, Bacterial Meningitis, and Vectorborne, Waterborne, and Zoonotic Diseases.

Additional Note: There will be no changes to the following: Consultation & Case Investigation for TB (Contact: regional TB consultant); HIV/AIDS and Syphilis active cases (contact regional disease investigation specialist); and Hepatitis B infections (contact Immunization Branch).

Association of North Carolina Boards of Health(ANCBH)

3420 Ridge Road Durham, NC 27705-5538

WEB PAGE: <http://www.ancbh.org/>

ANCBH phone #: 704-466-8436 or 704-300-1365 (answering machine)

rblackburn1@carolina.rr.com

Health Directors June 17, 2010 Raleigh, NC

Vision and Mission of ANCBH

Vision: Excellence in public health in North Carolina

Mission: To provide leadership and support for local Boards of Health in their efforts to protect, promote and advocate for public health.

ANCBH Work, collaboration, and meetings with:

The ANCBH Board reviewed its policy on membership dues and the relationship to current budget cuts for local health departments. A decision was made to reduce the dues to a base rate per county for the fiscal year 2010-2011. Your dues notice will be in the mail the first week of July.

If you have Board of Health members who are interested, two grants of \$650 to assist Board members with expenses to attend the 18th Annual NALBOH Conference in Omaha August 5-7 and are still available on a first come, first serve basis.

If you have special projects or news from your local health department, please send the information to ANCBH so that we can include your information in the NALBOH News which comes out quarterly. We are also looking for two new members to serve on the ANCBH Board.

Accreditation: (See legislation below)

I will be serving as a committee member for the Institute Local Board of Health Curriculum Advisory Committee working with Adrienne Joines Michalek on training for boards of health..

Legislation:

Major NC legislative issues being considered this short session of the legislature include immunization budget cuts, impact of Medicaid funding changes, and proposed departmental changes in the Department of Public Health.

A significant legislative issue facing ANCBH this summer is changes in the local health department accreditation program funding. ANCBH is stressing the importance of the NC Accreditation Program to the legislature. Talking points include the relationships between the various legislative study groups and their positive recommendations. Clarification of the roles of the **Public Health Accreditation Board (PHAB)** and CDC in relation to funding procedures was emphasized. With 3200 local boards of health, CDC will not fund local accreditation.

We would like to thank the following for phone calls, information updates, and strategy work during the current legislative session: Lynette Tolson, Ed Baker, Carmine Rocco, Dorothea Wyant, Steve Shore, Dennis Harrington, Joy Reed, David Stone, David Gardner, Betsy Vetter, and the Board.

NALBOH/SALBOH

August 5-7, 2010 - 18th Annual NALBOH Conference Journey to the Future: Facing Public Health Challenges Today for a Healthier Tomorrow , Omaha, Nebraska



North Carolina Shelter Assessment Form
For Environmental Health Assessment in Shelters and Evacuation Centers
Complete one form for each facility



Assessing Agency:	Assessing Agency: _____	Emergency contact # _____
Shelter Information:	Shelter Type: <input type="checkbox"/> Community/Recovery <input type="checkbox"/> Special Needs <input type="checkbox"/> Other: _____	
	American Red Cross Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA ARC Code: _____	
Current Census #	_____	
Staff #	_____	
	Date Shelter Opened: _____	Date Assessed: _____ Time: <input type="checkbox"/> am <input type="checkbox"/> pm
	Reason for Assessment: <input type="checkbox"/> Preoperational <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input type="checkbox"/> Other _____	
I. FACILITY		
1 Structural damage	Y N U	28 Preparation on site
2 Security/law enforcement available	Y N U	29 Served on site
3 Water system operational	Y N U	30 Safe food source
4 Hot water available	Y N U	31 Adequate supply
5 HVAC system operational	Y N U	32 Proper storage
6 Adequate ventilation	Y N U	33 Appropriate food temperatures
7 Adequate space per person	Y N U	34 Hand-washing facilities available
8 Free of injury/ occupational hazards	Y N U	35 Safe food handling
9 Free of pest or vector issues	Y N U	36 Dish washing facilities available
10 Acceptable level of cleanliness	Y N U	37 Clean kitchen area
11 Electrical grid system operational	Y N U	38 Adequate water supply
12 Generator in use (type: _____)	Y N U	39 Adequate ice supply
13 Indoor air temperature adequate	Y N U	40 Safe water source
		41 Safe ice source
V. FOOD and WATER		
II. SANITATION		
14 Adequate laundry services	Y N U	42 Adequate number of collection receptacles
15 Adequate number of toilets	Y N U	43 Appropriate separation
16 Adequate number of showers	Y N U	44 Appropriate disposal
17 Adequate number of hand-washing stations	Y N U	45 Appropriate storage
18 Hand-washing supplies available	Y N U	46 Timely removal
19 Toilet supplies available	Y N U	47 Hazardous waste generated
20 Acceptable level of cleanliness	Y N U	48 Medical waste generated
VI. SOLID WASTE		
21 Sewage system type: _____		VII. SLEEPING and CHILDCARE
III. HEALTH and MEDICAL		
22 Medical care services on site	Y N U	49 Adequate number of beds/cots/mats
23 Mental health care services on site	Y N U	50 Adequate supply of bedding
IV. COMPANION ANIMALS		
24 Companion animals present	Y N U	51 Bedding changed regularly
25 Animal care available	Y N U	52 Adequate spacing
26 Designated animal area	Y N U	53 Clean diaper-changing facilities
27 Acceptable level of cleanliness	Y N U	54 Adequate toy hygiene
		55 Safe toys
		56 Clean food and bottle preparation area
		57 Adequate child care supervision
VIII. CRITICAL NEEDS or COMMENTS (write on back if necessary):		

North Carolina Shelter Assessment Form Instructions

Shelter type: "Community/Recovery": general public. "Special Needs": population with specific medical requirements. "Other": relief workers base camp, etc.

Reason for Assessment: "Preoperational": before opening. "Initial": first assessment after opening. "Routine": assessments occurring on a regular basis (e.g., daily, weekly). "Other": occurrence such as an outbreak or a complaint.

Current Census: Estimated number of persons, including workers, in shelter at the time of inspection.

Number of Staff/Volunteers: Number of persons working in the facility at the time of assessment.

I. Facility

- 1 Structural damage: note damage to physical structure (e.g., roof, windows, walls, etc).
- 2 Security/law enforcement available: security guards or police officers available at facility site.
- 3 Water system operational: self-explanatory.
- 4 Hot water available: self-explanatory.
- 5 HVAC system operational: self-explanatory.
- 6 Adequate ventilation: facility well-ventilated and free of air hazards such as smoke, fumes, etc.
- 7 Adequate space per person in sleeping area:
 - a. evacuation shelters, 20 ft² per person;
 - b. general shelters, 40 ft² per person;
 - c. special needs shelters, 60–100 ft² per person.
- 8 Free of injury/occupational hazards: With regard to general safety, some examples include:
 - a. Is the facility free of frayed or exposed electrical wires, carbon monoxide hazards, hazardous materials, etc.?
 - b. Are on-duty staff and members wearing PPE?
- 9 Free of pest/vector issues: note presence of mosquitoes, fleas, flies, roaches, rodents, etc.
- 10 Acceptable level of cleanliness: self-explanatory.
- 11 Electrical grid system operational: self-explanatory.
- 12 If generator in use: check for appropriate location, capacity, adequate fuel and ventilation.
 - a. If yes, indicate fuel type: gas, diesel, solar, etc.
- 13 Indoor temperature (°F): temperature measurement from random inside location (ASCE standard for temperatures in buildings).

II. Sanitation

- 14 Adequate laundry services: provided with separate areas for soiled and clean laundry.
- 15 Adequate # operational toilets: minimum 1 per 20 persons or as specified by sex.
- 16 Adequate # operational showers/bathing facilities: 1 per 15 persons.
- 17 Adequate # operational hand-washing stations: 1 per 15 persons.
- 18 Hand-washing supplies available: water, soap, and paper towels; if water is unavailable, hand sanitizers (at least 60% alcohol).
- 19 Toilet supplies available: toilet paper, feminine hygiene supplies, and diapers/pads for children and adults.
- 20 Acceptable level of cleanliness: self-explanatory.
- 21 Sewage system type: self-explanatory.

III. Health and Medical

- 22 Medical care services available: If yes, list type of care available in comments section.
- 23 Counseling services available: If yes, list type of mental/social services available in comments section.

IV. Companion Animals

- 24 Companion animals present: animals in facility.
- 25 Animal care available: animals have clean, fresh water and food.
- 26 Designated animal area: animals located away from people and separately housed.
- 27 Acceptable level of cleanliness: self-explanatory.

V. Food and Water

- 28 Preparation on site: self-explanatory.
- 29 Served on site: self-explanatory.
- 30 Safe food source: food source from licensed contractor or caterer.
- 31 Adequate supply: self-explanatory.
- 32 Appropriate storage: food stored according to safe storage practices to prevent contamination or spoilage – refer to local code or US Food Code.
- 33 Appropriate temperatures: hot food kept above 135 °F; cold food kept below 40 °F. Or refer to local code or US Food Code.
- 34 Hand-washing facilities available: fixed or portable, as long as they are operational.
- 35 Safe food handling: food preparers are using gloves, avoiding cross contamination, using appropriate utensils, etc. – refer to local code.
- 36 Dishwashing facilities available: place to wash, rinse and sanitize kitchen utensils and cooking equipment.
- 37 Clean kitchen area: self-explanatory.
- 38 Adequate water supply: drinking water in range of 1–2 gallons/person/per day, for all uses 3–5 gallons/person/per day.
- 39 Adequate ice supply: sufficient to maintain cold food temperatures.
- 40 Safe water from an approved source.
- 41 Safe ice from an approved source.

VI. Solid Waste

- 42 Adequate collection receptacles: minimum 1 (30-gal) container for every 10 persons.
- 43 Appropriate separation between medical/infectious waste and general refuse.
- 44 Appropriate disposal and labeling in approved containers.
- 45 Appropriate storage and separation from common areas.
- 46 Timely removal of waste – collected regularly.
- 47 Check all types of waste generated at facility (e.g., solid, hazardous, medical).
- 48 Check all types of waste generated at facility (e.g., solid, hazardous, medical).

VII. Sleeping and Child Care

- 49 Adequate cots/beds/mats for each resident/staff.
- 50 Adequate bedding for each cot, bed, or mat.
- 51 Clean bedding available: self-explanatory.
- 52 Adequate spacing: at least 3 ft between cots/beds/mats.
- 53 Clean diaper-changing facilities: self-explanatory.
- 54 Adequate toy hygiene: toys cleaned with a nontoxic, approved disinfectant. Refer to local code.
- 55 Safe toys: should adhere to applicable age group standards.
- 56 Clean food/bottle preparation area: self-explanatory.
- 57 Adequate child/caregiver supervision ratio: a. birth–12 mos (3:1); b. 13–30 mos (4:1); c. 31–35 mos (5:1); d. 3 years (7:1); e. 4–5 years (8:1); 6–8 years (10:1); 9–12 years (12:1).

VIII. Critical Needs or Comments

List any critical needs requiring public health follow-up or comments.