



INSPECTION CHECKLIST ON HEALTH & HYGIENE OF CHILD CARE CENTRES / KINDERGARTENS

Name of centre : _____

Date & time of visit : _____

Name of MOH officer : _____

Details

Address of centre:	
Person-in-charge:	
Telephone no.:	
Fax no.:	
Email address:	
Approved enrolment no.:	
Licensing authority:	MCYS / PCF (MCYS) / MOE Kindergartens *

** Please circle where appropriate*

Description of premises:

Please indicate with a

Type of premises:

HDB void deck	<input type="checkbox"/>
Compound house	<input type="checkbox"/>
Commercial building	<input type="checkbox"/>
Others (please specify)	_____

No. of floors occupied: _____

No. of years of operation: _____

Air-conditioned: Yes / No*

** Please circle where appropriate*

<u>HYGIENE PRACTICES</u>	YES	NO	REMARKS
1 INDOOR ENVIRONMENT			
Cleaning of centre is carried out regularly.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Furniture, fittings and fixtures are cleaned with disinfectant.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toys are disinfected at least daily or at the end of every session.	<input type="checkbox"/>	<input type="checkbox"/>	_____
No presence of stuffed toys.	<input type="checkbox"/>	<input type="checkbox"/>	_____
All litter bins are lined and properly covered.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rooms fitted with air-conditioning are aired.	<input type="checkbox"/>	<input type="checkbox"/>	_____
PVC mattresses are used.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mattresses are wiped with disinfectant after every usage and left to dry.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mattresses are stacked separately.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 OUTDOOR ENVIRONMENT			
Outdoor space is well maintained and clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outdoor equipment and materials are well maintained and clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 RECEPTION AREA			
A designated area is set up for screening of children and staff upon arrival at the centre.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature and visual screening checklists for children are available.	<input type="checkbox"/>	<input type="checkbox"/>	_____
HFMD poster and notice on HFMD outbreak, if any, are prominently displayed.	<input type="checkbox"/>	<input type="checkbox"/>	_____

	YES	NO	REMARKS
4 SICK BAY/ ISOLATION ROOM			
A separate area/room for the isolation of sick children.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Room is clean and well maintained, with good ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 TOILETS			
Toilets are kept clean at all times.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toilet paper is within easy access.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liquid soap dispensers are within reach of children.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liquid soap solutions are not diluted.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposable paper towels/ hand dryers are available for drying hands.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-slip mats (if any) are free from grime and dirt.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 KITCHEN/ PANTRY			
Floor, counters, cabinets and appliances are kept clean and dry at all times.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surfaces for food preparation are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kitchen floor is kept clean and dry at all times.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utensils are washed after use and sterilized regularly.	<input type="checkbox"/>	<input type="checkbox"/>	_____
No sign of pest infestation.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food handler(s) have attended Basic Food Hygiene Course.	<input type="checkbox"/>	<input type="checkbox"/>	_____

	YES	NO	REMARKS
5 CHILDRENS' PERSONAL EFFECTS			
Each child has his/her own set of personal effects, individually labeled (e.g. toothbrush, toothpaste, comb, towel, mug, milk bottles, mattress cover, pillow and blanket) and well maintained.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal effects mentioned above are stored individually and properly.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Individual mattress covers are brought back and washed daily.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 GENERAL PRACTICES			
Children and staff wash their hands with soap and water upon arrival at the centre.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Children and staff wash their hands before and after meals, after using the washroom and outdoor play.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staff wash their hands after changing diapers and attending to sick child.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staff wear disposable waterproof gloves when handling soiled clothing.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Used diapers, gloves and soiled material are disposed of in a plastic bag or a lined and covered rubbish bin.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clothing soiled with urine or stool is rinsed in a pail designated for this purpose at the centre. The pail is disinfected after use. It should be stored in a designated place and is not used for any other purpose.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 ADMINISTRATION			
Reporting of infectious diseases cases (HFMD, viral gastroenteritis) to MOH through CDLENS.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recovered children should only be allowed back in the centre upon: - Expiry of the medical leave AND - Child exhibits no sign and symptoms	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copy of the Infection Control Guidelines for Schools and Childcare Centres is available.	<input type="checkbox"/>	<input type="checkbox"/>	_____

OTHER COMMENTS
