



Dedicated to protecting and improving the health
and environment of the people of Colorado

Fremont County Dept of Public
Health & Environment
201 N. 6th St
Cañon City, CO 81212

Permit ID 23-CCP99-0012827
Address 890 Field Ave, Canon City, CO 81212
Facility DBA Mountain View Core Knowledge Preschool
Permit Type Child Day Care Permit **Total Time** 1.18 hours
Insp Date 03/03/2020 **Inspection Type** Routine Inspection

IN = In Compliance OUT = Out of Compliance NO = Not Observed NA = Not Applicable COS = Corrected On-Site During Inspection R = Repeat Violation
--- = Not Applicable

Compliance Status

COS R IN OUT NO N/A

Building Design

| | | | | | | |
|---------------------------|--|--|--|--|-----|-----|
| 3.a Construction Approval | | | | | --- | --- |
|---------------------------|--|--|--|--|-----|-----|

Premises

| | | | | | | |
|---|--|--|---|--|-----|-----|
| 6.a Grounds Maintained | | | ✓ | | --- | --- |
| 6.b Grounds Hazards - Critical | | | ✓ | | | |
| 6.c Solid Waste | | | ✓ | | --- | --- |
| 6.d Pools, Hot Tubs & Swim Areas - Critical | | | | | --- | ✓ |

Facility

| | | | | | | |
|--|--|--|---|--|-----|-----|
| 7.a Building Hazards Controlled - Critical | | | ✓ | | --- | |
| 7.b Building | | | | | --- | --- |
| 7.c Detached Modular Classrooms | | | | | --- | --- |

Sanitary Facilities & Controls

| | | | | | | |
|--|--|--|---|--|-----|-----|
| 8.a Safe Water Supply - Critical | | | ✓ | | --- | --- |
| 8.b Water System Design/Testing | | | | | --- | --- |
| 8.c Drinking Water Access - Critical | | | ✓ | | --- | --- |
| 8.d Hot Water Supply - Critical | | | ✓ | | --- | |
| 8.e Sewage - Critical | | | ✓ | | --- | --- |
| 8.f Plumbing | | | ✓ | | --- | --- |
| 8.g Toilet Facilities | | | ✓ | | --- | --- |
| 8.h Handwashing Access and Supplies - Critical | | | ✓ | | --- | --- |
| 8.i Toileting Hygiene - Critical | | | ✓ | | --- | --- |
| 8.j Handwashing/Bathing Facilities | | | ✓ | | --- | --- |
| 8.k Custodial Areas | | | ✓ | | --- | --- |

Interior Design

| | | | | | | |
|---|------------|------------------------------|---|---|-----|-----|
| 9.a Personal Belongings | | | ✓ | | --- | --- |
| 9.b Play Equipment | | | | ✓ | --- | --- |
| Corrected On-Site: No | Repeat: No | Correction Method: Follow-Up | | | | |
| Comment: | | | | | | |
| 7.9.2.A.2 Instructional supplies, toys and other play equipment are stored in restrooms without a closed secondary nonabsorbent container or cabinet. Observed pillows used for play equipment stored in the restroom. Remove these items from restroom or store in a secondary non-absorbent cabinet. VCS for correction. | | | | | | |
| 9.c Napping, Sleeping Areas and Equipment | | | ✓ | | --- | --- |
| 9.d Transmission from Common Surfaces - Critical | | | ✓ | | --- | --- |
| 9.e Toys, Furnishings & Equipment | | | | | --- | --- |
| 9.f Injured Child Area - Critical | | | ✓ | | --- | --- |

Compliance Status

COS R IN OUT NO N/A

Disease Prevention

| | | | | | | |
|---|---|--|---|---|-----|-----|
| 10.a Personal Health - Critical | ✓ | | | ✓ | --- | --- |
| Corrected On-Site: Yes Repeat: No Correction Method: Follow-Up | | | | | | |
| Comment: 7.10.1.C.9 Detailed logs containing all required information are not kept to record children's symptoms of illness or are not maintained for two months and available upon request. Logs shall be kept to record children's symptoms of illnesses occurring among children attending the child care facility. Logs shall be maintained at the facility for two months and provided to the Department upon request. The logs shall include, at minimum, the following information: a. Child's name or other identifying information; b. Child's assigned classroom or group; c. Date and time of symptoms of illness; d. Symptoms; e. Actions taken; and, f. Date and time child was returned to group setting. A sample log has been provided to you. | | | | | | |
| 10.b Demonstration of Knowledge | | | ✓ | | --- | --- |
| 10.c Handwash & Hygienic Practices - Critical | | | ✓ | | --- | --- |
| 10.d Medication and First Aid - Critical | | | ✓ | | | --- |
| 10.e Sanitizers - Critical | | | ✓ | | --- | --- |
| 10.f Disinfectants - Critical | | | ✓ | | | --- |

Food Service

| | | | | | | |
|---|--|--|---|---|-----|-----|
| 11.a Adequate Facilities - Critical | | | ✓ | | --- | |
| 11.b Critical Requirements - Critical | | | | | ✓ | |
| 11.c Non-Critical Requirements | | | | | --- | --- |
| 11.d Plumbing - Critical | | | | ✓ | --- | |
| Corrected On-Site: No Repeat: No Correction Method: Follow-Up | | | | | | |
| Comment: 7.11.1.A.5 Facility is using multi-use serving utensils and does not have an approved method to wash dishes. Utensils are washed in the staff kitchen and sprayed with sanitizer to dry. Since this sink is used for other purposes, the sink needs to be washed, rinsed, and sanitized prior to being used for dishwashing. The dishwashing is very limited in this facility and a multi-use sink operational plan is acceptable. | | | | | | |
| 11.e Ventilation | | | | | --- | --- |
| 11.f Cooking and Holding Equipment | | | | | --- | --- |
| 11.g Refrigeration | | | | | --- | --- |
| 11.h Domestic Equipment | | | | | --- | --- |
| 11.i Operational Requirements - Critical | | | ✓ | | --- | |

Infant/Toddler Programs

| | | | | | | |
|-------------------------------------|--|--|--|--|-----|-----|
| 12.a Personal Items and Bedding | | | | | --- | --- |
| 12.b Staff Clothing for Infant Care | | | | | --- | --- |
| 12.c Feeding - Critical | | | | | | ✓ |
| 12.d Diapering - Critical | | | | | | ✓ |

Care Of Animals

| | | | | | | |
|------------------------------------|--|--|---|--|-----|-----|
| 13.a General Care of Animals | | | | | --- | --- |
| 13.b Prohibited Animals - Critical | | | ✓ | | --- | --- |
| 13.c Animal Bite Control | | | | | --- | --- |

IN = In Compliance OUT = Out of Compliance NO = Not Observed NA = Not Applicable COS = Corrected On-Site During Inspection R = Repeat Violation
 --- = Not Applicable

Compliance Status

| | COS | R | IN | OUT | NO | N/A |
|-------------------------------------|-----|---|----|-----|-----|-----|
| 13.d Enclosures | | | | | --- | --- |
| 13.e Child Participation - Critical | | | | | ✓ | |
| 13.f Designated Animal Areas | | | | | --- | --- |

Toxic Materials Management

| | | | | | | |
|---|--|--|---|--|-----|-----|
| 14.a Insect and Rodent Control - Critical | | | ✓ | | | --- |
| 14.b Poisonous or Toxic Materials -Critical | | | ✓ | | | --- |
| 14.c Art and Science Materials - Critical | | | ✓ | | --- | |

Compliance Procedures

| | | | | | | |
|--------------------------------------|--|--|---|--|-----|-----|
| 15.a Critical Enforcement - Critical | | | ✓ | | --- | --- |
| 15.b Non-critical enforcement | | | ✓ | | --- | --- |

Inspector's Comment

License Recommendation Pending
 Violation correction sheet (VCS) for follow up on violations.

3 vaccination records reviewed, all compliant.
 Ensure all staff and volunteers wash hands at required times such as upon entering the room for the day.

Person in Charge (Signature)

Date:

Inspector (Signature)

Date: