12/15/2020

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Caring Corner Preschool, LLC 002258542 157

500 W. North Street Perryville, MO 63775 Melanie Zernicke

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| FACILITY NAME | DVN | DATE |
|---|---|---|
| Caring Corner Preschool, LLC | 002258542 | 12/15/2020 |

## G. FOOD EQUIPMENT AND UTENSILS

| | |
|---|---|
| **1.** Single service items not reused. | IN |
| **2.** All food equipment and utensils in good repair. | IN |
| **3.** Food preparation and storage areas have adequate lighting. | IN |
| **4.** Kitchen equipment that produces excessive grease laden vapors, moisture or heat is properly vented. | IN |
| **5.** Facilities shall have mechanical refrigeration for facility use only. **Exception: License-Exempt facilities approved BEFORE October 31, 1997** | IN |
| **6.** No carpeting or absorbent floor coverings in food preparation area. | IN |
| **7.** Adequate preparation and storage equipment for hot foods. | IN |
| **8.** Facilities with a capacity of **20 children or less** shall have: | |
| **A.** Mechanical dishwasher that sanitizes; or employ an additional sanitizing rinse in conjunction with the mechanical dishwasher; or a 3 compartment sink or a 2 compartment sink with a third portable compartment for the final sanitizing step. | IN |
| **B.** If a mechanical dishwasher is used, a minimum of two sinks located in food preparation area labeled as: 1) Hand washing only 2) Food preparation only. | N.A. |
| **9.** Facilities with a capacity of more than 20 children approved **BEFORE October 31, 1991, shall have:** | |
| **A.** Mechanical dishwasher that sanitizes; or employ an additional sanitizing rinse in conjunction with the mechanical dishwasher; or use a 3 compartment sink. | N.A. |
| **B.** If a mechanical dishwasher is used, a minimum of two sinks located in food preparation area labeled as: 1) Hand washing only 2) Food preparation only. | N.A. |
| **10.** Facilities with a capacity of more than 20 children approved **AFTER October 31, 1991 shall have:** | |
| **A.** Facility located in provider's residence shall have separate food preparation and storage areas. | N.A. |
| **B.** A commercial dishwasher or a 3 compartment sink in addition to a separate hand washing sink. | N.A. |
| **C.** If a commercial dishwasher is used, a sink located in food preparation area labeled as food preparation. | N.A. |

## H. CATERED FOODS

| | |
|---|---|
| **1.** Catered food from inspected and approved source. | N.A. |
| **2.** Safe food temperature maintained during transport. **Temperature at arrival _____ °F.** | N.A. |
| **3.** Facility using catered food exclusively shall have a hand washing sink in kitchen/food service area. | N.A. |
| **4.** Facility not using single service utensils exclusively meets applicable dishwashing requirements as stated in Section G(B), or G(9), or G(10). | N.A. |
| **5.** Food and food related items protected from contamination during transport. | N.A. |

## I. BATHROOMS

| | |
|---|---|
| **1.** Cleaned as needed or at least daily. | IN |
| **2.** Paper towels stored and dispensed in a manner that minimizes contamination. All equipment in good repair. | IN |
| **3.** Facilities approved **AFTER October 31, 1991 have:** | |
| Enclosed with full walls and solid doors. Doors closed when not in use. | IN |
| **4.** Facilities approved **AFTER October 31, 1998 have:** | |
| Mechanically vented to prevent molds and odors. | IN |
| **5.** Hand washing sinks located in or immediately adjacent to the bathroom. | IN |
| **6.** No carpeting or absorbent floor coverings. | IN |
| **7.** Sufficient lighting for cleaning. | IN |
| **8.** No storage of toothbrushes or mouthable toys. | IN |

## J. INFANT / TODDLER UNITS

| | |
|---|---|
| **1.** If food preparation occurs, shall have a sink for food preparation separate from the diapering hand washing sink. | N.A. |
| **2.** Utensils used in the I/T Unit washed, rinsed and sanitized after each use with proper methods and equipment. | N.A. |

## K. DIAPERING AREA

| | |
|---|---|
| **1.** No utensils or toys washed, rinsed or stored in the diaper changing area. | IN |
| **2.** Hand sink with warm running water located in the diapering area immediately accessible to the diapering surface. | IN |
| **3.** Diapering surface smooth, easily, cleanable, nonabsorbent, and in good repair. | IN |
| **4.** Soiled diapers stored in a solid, nonabsorbent container with tight fitting lid located in diapering area. | IN |
| **5.** Soiled diaper container emptied, washed, rinsed and sanitized daily. *Corrected* | IN |

## L. REFUSE DISPOSAL

| | |
|---|---|
| **1.** Adequate number of containers. | IN |
| **2.** Clean, nonabsorbent, in sound condition. | IN |
| **3.** Outside refuse area clean; containers covered at all times. | IN |
| **4.** Inside food refuse containers covered as required. | IN |
| **5.** Restrooms used by staff have covered refuse containers. | IN |

| SECTION # | OBSERVATIONS |
|---|---|
| Note: | Lunch: |
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| Codes: | O = Observed; R = Required; |
| | COS = Corrected On-Site |

The above facility has been **inspected** and ☐ does ☐ does not conform with the sanitation requirements of the Missouri Department of Health and Senior Services ·Section for Child Care Regulation

The inspector has discussed the issues marked by an asterisk (*) and/or marked by an (X) on this form. I agree to comply with these requirements.

| SIGNATURE OF INSPECTOR | TELEPHONE | DATE | SIGNATURE OF CHILD CARE PROVIDER | DATE |
|---|---|---|---|---|
| Melanie Zink | (573) 547-6564 | 12/15/2020 | Leda Krieger | 12/15/2020 |

Centers, Group Homes and License-Exempt Facilities
**Sanitation Inspection Report**



| FACILITY NAME: | DVN: | DATE |
|---|---|---|
| Caring Corner Preschool, LLC | 002258542 | 12/15/2020 |

| SECTION # | OBSERVATIONS |
|---|---|
| A. 11-13 | O: Operator stated that there are no pet at this facility at this time. |
| A. 14 | O: Operator stated that there are no swimming pools(s) at facility at this time. |
| Note: | A reinspection will be conducted within 30 days from today's date, or inspector will inspect sooner by request of Child Care provider. |

The above facility has been **inspected** and ☐ does ☐ does not conform with the sanitation requirements of the Missouri Department of Health and Senior Services Section for Child Care Regulation.

The inspector has discussed the issues marked by an asterisk (*) and/or marked by an (X) on this form. I agree to comply with these requirements.

| SIGNATURE OF INSPECTOR | TELEPHONE | DATE | SIGNATURE OF CHILD CARE PROVIDER | DATE |
|---|---|---|---|---|
| Melanie J. Fink | (573) 547-6564 | 12/15/2020 | Ida Krieger | 12/15/2020 |