

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES SECTION FOR CHILD CARE REGULATION

SANITATION INSPECTION REPORT LICENSED CENTERS, GROUP HOMES AND LICENSE-EXEMPT FACILITIES

(PAGE 10F3

Arrival Time	(am)
4:35	p.mt.
Departure Time	
10100	a.m.

SOPTEMBER 11, 2019

CODES

X = Non-Compliances Noted N.O. = Not Observed

with provider

	TY NAME		-		DVN	COUNTY COD	DE	_
SME	erris And Meymonis August Dudies aba	RUB	BIR	Donkers	002721406	157		
ADDRE	ESS (Street, City, State, Zip Code)				INSPECTOR'S NAME (Print)			
	KIEFNER SINGET, KENNYVINE, MO	63	77	5	DON FEACULE			
	inspection of your facility has been made on the above date. Any nor	n-comp			th an X.			
STATE STATE OF THE PARTY NAMED IN	GENERAL			FOOD PROTECTION				
	Clean and free of unsanitary conditions.	X			e and in sound condition; no excessively den	nted cans.	*	
	No environmental hazards observed.		2.	No use of home canned for	od. No unpasteurized milk.		1	_
3.	No evidence of insects, spiders, rodents or pest entry points, or pest harborage.	X	3.	Ground beef cooked to 15 and all other foods cooked	5° F; poultry and pooled eggs to 165° F; pork to at least 140° F. All hot food kept at 140° F	to 145° F or above.		
100.00	Well ventilated, no evidence of mold, noxious or harmful odors.			Precooked food reheated t			1	
1	Screens on windows and doors used for ventilation in good repair.		5.	Food requiring refrigeration	n stored at 41° F or below.			
	No indication of lead hazards.		6.	Refrigerator 41° F or below	v, accessible readable thermometer required.	Foods in		
7.	No toxic or dangerous plants accessible to children.			freezer frozen solid.  Temp at time of Inspection	37 37 77			
8.	Medicines and other toxic agents not accessible to children. Child contact items stored to prevent contamination by medicines, other toxic agents, cleaning agents and waste water drain lines.		7.	Metal stemmed thermometer	on 51,31,722 ° F.  er reading 0° - 220° F in 2° increments for che wheck hot water temperature.)	ecking food		
9.	All sinks equipped with mixing faucets or combination faucets with hot and cold running water under pressure,		8.		and utensils covered, stored and handled to s, pests, toxic agents, cleaning agents, water of			
10.	Hot water temperature at sinks accessible to children - 100° - 120° F. Temp at time of Inspection 114, 115° F.		9.		other foods. No bare-hand contact of ready-to-e- ning agents not in their original containers			_
-		Na		labeled.		1 ut. 3		
12.	Pets living quarters clean, and well maintained.		10.	No food or food related item	s stored or prepared in diapering areas or bathro	ooms.	*	
13.	Reptiles are prohibited on the premises. Birds of the Parrot Family tested for Psittacosis.			Food stored in food grade  Food thawed under refrige	containers only. ration, 70° F running water, or microwave (if p	nart of the	+	_
14. Swimming/wading pools filtered, treated, tested and water quality records ma				cooking process).	g naterior (in	part or trio	,	
	tained. Meets local codes.		13.	No animals in food prepara	ation or food storage areas.		NO	Ī
15.	A minimum of 18° separation between drinking fountains & hand sinks.	NO-	14.	No eating, drinking, and/or	smoking during food preparation.		4	
	No high hazards cross-connections.		15.	Food served and not eater	shall not be re-served to children in care.		1	
	WATER SUPPLY (circle type)		16.		zardous foods properly marked with 7-day dis	scard date		
CO		IVATE		after opening or preparatio			1	
	PRIVATE SYSTEMS ONLY		F. (	CLEANING AND SANI	TIZING			
1.	Constructed to prevent contamination.  Meets DHSS-SCCR water quality requirements.	NA	1.	All items requiring sanitizin agents, methods, and cond	g shall be washed, rinsed and sanitized with centrations.	approved	X	,
A.	Bacteriological sample results.		2.	All utensils and toys air dri	ed.		1	_
1-22	Chemical (Prior SCCR Approval Needed)		3.	The following items wash	ned, rinsed and sanitized after each use:			_
C.	SEWAGE (circle type)			A. Food utensils				
	COMMUNITY ON-SITE			B. Food contact surfaces in	ncluding eating surfaces, high chairs, etc.			
	ON-SITE SYSTEMS ONLY			C. Potty chairs and adapte	r seats.			
1.	DNR Regulated System:			D. Diapering surface				
	Type:	NA		E. All toys that have had co	ontact with body fluids.			
2.	DHSS Regulated System:		4.	The following items are v	vashed, rinsed and sanitized at least daily	:		1
	Type:			A. Toilets, urinals, hand sin	iks.			l
	Meets DHSS-SCCR requirements.			B. Non-absorbent floors in	infant/toddler spaces.			1
_	Meets local requirements.			C. Infant/Toddler toys used	during the day.			1
	HYGIENE  Care givers and children wash hands using soap, warm running water and sanitary	×	5.	Walls, ceilings, and floors contacted by body fluids.	clean and in good repair. Cleaned and saniti	zed when		
2.	hand drying methods.  Care givers and children wash hands BEFORE: preparing, serving, and eating food;	7	6.		railable and used to check proper concen		0	
	glove use. AFTER: tolleting, diapering, assisting with toileting, nose blowing, handling raw food, glove use, cleaning and sanitizing, outdoor play, handling animals, eating, smoking, and as necessary.		7.		nandled in a manner which does not contamin		*	
3.	Personnel preparing/serving food is free of infection or illness.	1						

	Homes and License-Exempt Facilities pection Report	0= DBSM	N	R= R	Equipmo		(PAGE	2 or	3)
SAGALI	and Maynouis Rubber	2 Duners o	ba	RUBER	~ Ducheres	00272		9 [11]	
G. FOOD EC	UIPMENT AND UTENSILS			I. BATHR	OOMS				
1. Single ser	vice items not reused.		X	1. Clean	ed as needed or at lea	st daily.			X
2. All food ea	quipment and utensils in good repair.			2. Paper	towels stored and disp	ensed in a manner tha	at minimizes conta	mination. All	1
<ol><li>Food prep</li></ol>	aration and storage areas have adequate lightin	g.		equipm	ent in good repair.				
	uipment that produces excessive grease laden	vapors, moisture or heat	t	3. Faciliti	es approved AFTER C	October 31, 1991 have	9:		
is properly	vented.			Enclos	sed with full walls and s	solid doors. Doors clos	ed when not in us	e.	
5. Facilities s	hall have mechanical refrigeration for facility use	e only.		4. Faciliti	es approved AFTER C	October 31, 1998 have	91		
Exception:	License-Exempt facilities approved BEFORE October, 3	1, 1997		Mecha	anically vented to preve	ent molds and odors.			
6. No carpet	ng or absorbent floor coverings in food preparation	on area.		5. Hand	washing sinks located	in or immediately adja-	cent to the bathroo	m.	
7. Adequate	preparation and storage equipment for hot foods			6. No car	rpeting or absorbent flo	oor coverings.			
8. Facilities v	with a capacity of 20 children or less shall have:			7. Suffici	ent lighting for cleaning	].			
	nical dishwasher that sanitizes; or employ an addiction with the mechanical dishwasher; or a 3 c				rage of toothbrushes of				*
compa	artment sink with a third portable compartment for echanical dishwasher is used, a minimum of tw	the final sanitizing step.			preparation occurs, shing hand washing sink.		d preparation sepa	rate from the	
	ation area labeled as: ad washing only 2) Food preparation only.			2. Utensi	Is used in the I/T Uni	it washed, rinsed and	sanitized after ea	ach use with	1
9. Facilities v	with a capacity of more than 20 children approved	BEFORE October 31			RING AREA				
	shall have:	DET ONE OCCODE ST,		Name and Address of the Owner, where	nsils or toys washed, r	rinsed or stored in the	diaper changing ar	ea.	-K
conjur	nical dishwasher that sanitizes; or employ an addiction with the mechanical dishwasher; or use a 3	compartment sink.	1	access	sink with warm running sible to the diapering si	urface.			
	echanical dishwasher is used, a minimum of tw	o sinks located in food		3. Diaper	ing surface smooth, ea	asily cleanable, nonabs	sorbent, and in goo	d repair.	
	ation area labeled as: id washing only 2) Food preparation only.				diapers stored in a sol ering area.	lid, nonabsorbent conta	ainer with tight fittir	ng lid located	
10. Facilities v	with a capacity of more than 20 children approve	ed AFTER October 31,			diaper container empti	ied, washed, rinsed an	d sanitized daily.		*
			T		ate number of containe	ore			
	located in provider's residence shall have separa	ate food preparation and		100000000000000000000000000000000000000	nonabsorbent, in sour				+
	e areas. mercial dishwasher or a 3 compartment sink in	addition to a congrete			e refuse area clean; co		Ltimos		-
	vashing sink.	addition to a separate			food refuse containers		i unies.		-
	mmercial dishwasher is used, a sink located in	food preparation area					la sus		-
	d as food preparation.			SECTION #	oms used by staff have	OBSERV			ENERGHIS
H. CATERED	FOODS		New Market	CISCHOLD .		OBSERV	ATIONS		
	od from inspected and approved source.		NA						
	temperature maintained during transport.		1414						
	ire at arrival	_° F.							
	ring catered food exclusively shall have a diservice area.	hand washing sink in							
4. Facility no	using single service utensils exclusively meets	applicable dishwashing	T						
	nts as stated in Section G(8), or G(9), or G(10).  ood related items protected from contamination of	during transport	+						
^		J. C.							
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Settle DATE by 2400	\		_						1
The above facili requirements of Regulation.	ty has been inspected and does does the Missouri Department of Health and Senior So	not conform with the sar ervices - Section for Chil	nitation d Care		or has discussed the is agree to comply with th		terisk (*) and/or n	narked by an	ı (X) on
SIGNATURE OF INSP	ECTOR TELEPHONE	Ē DA	TE	SIGNATURE OF	CHILD CARE PROVIDER	/		DATE	
Kenn	k (314) 416-2740	9/11/2	019	ano	hela S	eloen	,	9/11/	19
AO 580-1916 (4-07)		DISTRIBUTION: WHITE/SC	CR CA	NARY/INSPECTOR	PINK/PROVIDER			/	BCC-35-3

(PAGE 3 083)

	n Inspection Report  O= OBSERVED R= REGISTRED COS= CONNEUTO ON STITE							
FACILITY NAME:	and Maymais Avager News day Rigger Nover 002721406 9/12/19							
SECTION #	and Mailman Russan Durkes don Russon Duyges 002721406 9/11/19							
NOTE:	MOP WATER 115 F AT ADA RESTROOM HAMBERME, 115°F AT BOYLE							
	AMO GIMES AGGINDON HAMOSPHYLS ON FIRST FLOOR.							
Nors	WATTS CHECK VALUES INSTAND ON OVERLAD WATER SPRAY							
	HOSES LULTES IN ART ROOM. THESE HOSES WERE OBSERVED TO							
	TXTEMO IMPO STAN BOKENS- ACCOMDIMY TO MS. HOELSCHED, SHE HAD							
	SPOKEN WIN Me CRAIG SUMAN, MODING, TEC PROGRAM AND THE STAGE							
	CHECK VAINE WAS ACCEPTABLE NORMING, AV ASSIE. RATES BACKFULL							
	PRESERVEN DEVUE SHOWS BE INSTAURS. THIS DEVUE SHOWS BE PATED FOR							
	Communicos Pressure. LAN IN-LINE VALLEN BREAKER IS RECOMMENDED AMO							
	Shows BE INSTAUS By ROYING INSPUTION)							
NOTE:	UPSTAIRS KITUACH:							
	WHIMEBOOL STOR-BY-SIDE PERMYTHATON (BUILL) 37F AMBIENT. FINDUE							
	WHITEFOOL SIDE-BY-STOE REFINGERATION (WHITE) 37 F AMBIENT FRIDGE							
NOTO:	NOBLE COMMENCEAU DISH MALLAING HOT WATER SAMPTERMY DISH MICHINE							
	THEOMO-LABORS ATTALKED TO WALTE AM CAMPY SAGGES CAPPEARS TO FLAGRED							
	Camacorry							
	160°F 71°C							
NOTE	HAMPSTRUK AT CHANDS STAPP ROSTNOWN (UPSTAINS) 115F. HAMPOSTANK IN							
	UPSTAMS ASSENDEN CHOT WATER 1144 JEHT ROOM							
NOTE.	DEFRAGERATION GRAMONIANA BLUM ) IN IT ROOM 22F AMBRONY-							
NOTE"	RETRABABLE SPRAY NOTELLE AT Z-VAT SIMK IN UPSTAME IT ROOM							
	COSSWAYD COMMENSO INTO MIXING FALLETS THE MONEY FALLET AND SPRAY							
	NOTE LE COMPETITION DO NOT ANOW FOR SPRING NOTE LE TO BE PERMOLES WHILE TAYOUT FAUC							
	Ms. HOTBERGE STATES SHE DID NOT INTOMO TO USE SPRAY NOTELE, AS SPRAY NOTELE							
	WAS OBSTITUTE BELOW SAME. LACES WISHAN ASSISTE PATTO BACKFLOW PREVENTION							
	DOVUE OR PRINCES SADAY NOTELLE BY ROUTINE INSTRUCTIONS							
A-1	O: POELLY PALLET OBSERVED ON POSTS AND OVERLAKED GUTTER BOAMS ON							
	Outroon Contant							
	B: PERING PAINT MAY NOT EXIST IN CHUN CADE SPACE (COS BY BEGINNING)							
A-3	Or LOUISE IN 645 GREENHOUSE NOT OBSTAND WITH SCHOOLING LOVER OPENS							
	R. THE PROPERTY SHOW DE FREE OF PEST THORNY DOWNER (COS By POLICING SUPERIOR							
	Over offermy Prior to							
	(Januar)							
sanitation re	does does not conform with the quirements of the Missouri Department of Health and Senior Services - hild 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								
You	We (3H) 416-2740 9/11/19 Melita Schoon 9/11/19							
MO 580-1916 (4-07)	DISTRIBUTION: WHITE/SCCR CANARY/INSPECTOR PINK/PROVIDER BCC-35-3							