

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

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

Arrival Time	CODES
	X = Defects Noted
December Time	N.O. = Not Observed
Departure Time	N.A. = Not Applicable
	# = Discussed and Agrees to comply with requirements
Date	
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	LIOLITOL-LALIMI I I AOILITILO				17182 1 61	
ı	nitial Annual Re-Inspection Lead Special Circu	mstances	:			
FACIL	FACILITY NAME			DVN	COUNTY CODE	
ADDF	ESS (Street, City, State, Zip Code)			INSPECTOR'S NAME		
An	An inspection of your facility has been made on the above date. Any non-compliances are marked below with an X.					
Α.	GENERAL REQUIREMENTS	E.	•			
1.	Clean and free of unsanitary conditions.	1	Food from an approved s	source and in soun	d condition;	
2.	No environmental hazards observed.	١.	no excessively dented ca			
3.	No evidence of insects, spiders, rodents or or pest harborage.	2.	2. No use of home-canned food. No unpasteurized milk.			
4.	Well ventilated, no evidence of mold, noxious or harmful odors.	3.	3. Ground beef cooked to 155° F; poultry and pooled eggs to 165°			
5.	Screens on windows and doors used for ventilation in good repair.				to at least 135° F; all hot	
6.	No indications of lead hazards.		food kept at 135° F or ab			
7.	No toxic or dangerous plants accessible to children.		Precooked food reheated		or bolow	
8.	Medicines and other toxic agents not accessible to children and stored to prevent contamination of child contact items.	5.				
	All sinks equipped with mixing faucets or combination faucets with	—— 6.	Refrigerator 41° F or belo		np(s) at time of inspection:	
9.	hot and cold running water under pressure.		10441104.1 0040 11 110020		ip(o) at amo of moposition.	
10.	Hot water temperature at sinks accessible to children: 100°-120° F.					
	Temp(s) at time of inspection:	7.			0° F in 2° increments	
11.	Pets free of diseases communicable to man.		for checking food tempe Food, food related items		ed and stored to prevent	
12.	Pets living quarters clean and well maintained.	8.				
13.	Reptiles prohibited on the premises. Birds of the Parrot Family		water drain lines, medicin	nes, dust, splash a	and other foods. No bare	
10.	tested for Psittacosis.		hand contact with ready-			
44	Swimming/wading pools filtered, treated, tested and water quality	9.	Food, toxic agents, clean shall be properly labeled	iing agents not in t	heir original containers	
14.	records maintained. Meets local codes.	10	No food stored or prepare			
15	A minimum of 18" separation between drinking fountains and hand	11. Food stored in food grade containers only. 12. Food thawed under refrigeration, 70° F running water, or microwave				
	sinks.				ning water, or microwave	
16.	No high hazard cross connections.	40	if part of the cooking proc			
В.	WATER SUPPLY (check type)	Ta. No animals in food preparation or food storage areas. 14. No eating, smoking, drinking during food preparation.				
	COMMUNITY NON-COMMUNITY PRIVATE	17. The dating, chicking, drinking dating look proparation.				
	PRIVATE SYSTEMS ONLY	16	Refrigerated potentially h		roperly marked with 7-day	
1.	Constructed to prevent contamination.	_	discard date after opening			
2.	Meets DHSS water quality requirements.	F.	CLEANING AND SA		1 1 1 22 1 20	
	A. Bacteriological sample results:	1.	approved agents, method	ng snall be wasned	d, rinsed, and sanitized with	
	B. Chemical sample results:	2.				
C.	SEWAGE (check type)	3.			nitized after each use:	
	COMMUNITY ON-SITE	3.	A. Food Utensils.	ieu, iiriseu ariu sai	inized after each use.	
	ON-SITE SYSTEMS ONLY			es including eating	g surfaces, high chairs, etc.	
1.	DNR Regulated System		C. Potty chairs and ad		<u> </u>	
	Type:		D. Diapering surfaces.	·		
2.	DHSS Regulated System Type:		E. All toys that have ha	ad contact with boo	dy fluids.	
	Meets DHSS requirements.	4.	The following items are w	ashed, rinsed and	sanitized at least daily:	
3.	Meets local requirements.		A. Toilets, urinals, han	dsinks.		
D.	HYGIENE		B. Non-absorbant floor		•	
1.	Caregivers and children wash hands using soap, warm running water and sanitary hand drying methods		C. Infant/Toddler toys		<u> </u>	
	water and sanitary hand drying methods. Care givers and children wash hands BEFORE: preparing, serving, and eating food; glove use. AFTER: toileting, diapering, assisting		Walls, ceiling, and floors		d repair. Cleaned and	
2.			sanitized when contacte		ta abaali muan : :	-
۷.	with toileting, nose blowing, handling raw food, glove use, cleaning	6.	Appropriate test strips a concentration of sanitizing		ю спеск proper	
	and sanitizing, outdoor play, handling animals, eating, smoking, and as necessary.	7.	0 1 11 1 1 1		nner which does not	
3.	Personnel preparing/serving food free of infection or illness.		contaminate food, food			
	-1916 (5-21) BETA INSPECTION REPORT GENERATED ELECTRO	ONICALLY	USING ADOBE® ACROBAT®	SOFTWARE		BCC-35-1

Centers, Group Homes and License-Exempt Facilities	O = Observed	ı	DACE 2 OF		
Sanitation Inspection Report		R = Required		PAGE 2 OF	
THOLETT IN WIL				D/IIE	
G. FOOD EQUIPMENT AND UTENSILS	I. BAT	HROOMS			
Single service items not reused.		ned as needed or at least daily.			
2. All food equipment and utensils in good repair.		er towels stored and dispensed in		at minimizes	
3. Food preparation and storage areas have adequate lighting.		amination. All equipment in good			
4. Kitchen equipment that produces excessive grease laden vapors,		ities approved AFTER October 3			
moisture, or heat is properly vented.		osed with full walls and solid doc	ors. Doors clos	sed when	
5. Facilities shall have mechanical refrigeration for facility use only.		n use.	04 4000 h		
Exception: License-Exempt facilities approved BEFORE October 31, 1997. No carpeting or absorbent floor coverings in food preparation areas.		lities approved AFTER October 3 hanical venting to prevent molds			
7. Adequate preparation and storage equipment for hot foods.	Has	nd washing sinks located in or im		scent to the	
Facilities with a capacity of 20 children or less shall have:		nrooms.	inculatory aujo	icent to the	
A. Mechanical dishwasher that sanitizes; or employ an additional		carpeting or absorbent floor cove	erings.		
sanitizing rinse in conjunction with the mechanical dishwasher;		icient lighting for cleaning.			
or a 3 compartment sink or a 2 compartment sink with a third		storage of toothbrushes or mouth	nable toys.		
portable compartment for the final sanitizing step.	J. INF	ANT/TODDLER UNITS			
B. If a mechanical dishwasher is used, a minimum of two sinks		od preparation occurs, shall have	e a sink for foo	od preparation	
located in the food preparation area labeled as:		arate from the diapering hand wa		·	
1) Hand washing only 2) Food preparation only.	<u> </u>	nsils used in the I/T Unit washed	•	anitized after	
9. Facilities with a capacity of more than 20 children approved BEFORE October 31, 1991, shall have:	ead	h use with proper methods and e	equipment.		
A. Mechanical dishwasher that sanitizes; or employ an additional		PERING AREA			
sanitizing rinse in conjunction with the mechanical dishwasher;		utensils or toys washed, rinsed of	or stored in the	diaper	
or use a 3 compartment sink.		nging area.			
B. If a mechanical dishwasher is used, a minimum of two sinks		nd sink with warm running water		diapering area	
located in food preparation areas labeled as:	F:	nediately accessible to the diape			
1) Hand washing only 2) Food preparation only. 10. Facilities with a capacity of more than 20 children approved AFTER	in g	pering surface smooth, easily cle ood repair.			
October 31, 1991 shall have:		led diapers stored in a solid, non nt fitting lid located in diapering a		tainer with	
A. Facilities located in a provider's residence shall have separate food preparation and storage areas.		 Soiled diaper container emptied, washed, rinsed, and sanitized daily. 			
B. A commercial dishwasher or a 3 compartment sink in addition to a separate hand washing sink.	L. REF	USE DISPOSAL			
C. If a commercial dishwasher is used, a sink located in the food	1. Ad	equate number of containers.			
preparation area labeled as food preparation.	2. Cle	an, nonabsorbent, in sound cond	dition.		
H. CATERED FOODS	3 . Ou	side refuse area clean; containe	rs covered at a	all times.	
Catered food from inspected and approved source.	4. Ins	ide food refuse containers covere	ed as required		
2. Safe food temperature maintained during transport.	5. Re	strooms used by staff have cover	red refuse con	tainers.	
Temperature at arrival:					
Facility using catered food exclusively shall have a hand washing sink in kitchen/food service area.					
Facility not using single service utensils exclusively meets applicable	\dashv				
dishwashing requirements as stated in Section G(8), G(9), or G(10).					
5. Food and food related items protected from contamination during					
transport.					
The above facility has been inspected and does does not confo		nspector has discussed the is			
with the sanitation requirements of the Missouri Department of Health and		or marked by an (X) on this	s ioim. Ta(Jiee to comply with	
Senior Services. SIGNATURE OF INSPECTOR		e requirements. URE OF CHILD CARE PROVIDER	 	DATE	
SIGNATURE OF INSPECTOR JUNE DATE	3.3.41			·· -	
* Clark					

Centers, Gr Sanitatio	oup Homes and License-Exempt Facilities n Inspection Report	O = Observed R = Required	PAGE 3 OF
FACILITY NAME	n Inspection Report	DVN	DATE
Section #	OBSERVATIONS		
The above	e facility has been inspected and does does not conform The inspector has dis anitation requirements of the Missouri Department of Health and and/or marked by a	cussed the issues marked n (X) on this form. I ag	d by an asterisk (*)
Senior Se	rvices. these requirements.		
SIGNATURE OF	TINSPECTOR JULIAN TELEPHONE DATE SIGNATURE OF CHILD CARE PR	OVIDER	DATE

Centers, Gro Sanitation	up Homes and License-Exempt Facilities Inspection Report	O = Observed R = Required	PAGE 4 OF
FACILITY NAME	Inspection Report	DVN	DATE
Section #	OBSERVATIONS		
The alast	facility has been increased and a data and account and a The County	han dingunaed the issues as the	d by on catalists (NA)
with the sa	anitation requirements of the Missouri Department of Health and and/or marke	has discussed the issues marked by an (X) on this form. I a	gree to comply with
Senior Ser	rvices. these requirem	nents.	DATE
SIGNATURE OF	flught Markey Telephone DATE SIGNATURE OF CHILD	OWNE LINOVIDER	DAIL