



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
SANITATION INSPECTION REPORT
LICENSED CENTERS, GROUP HOMES
AND LICENSE-EXEMPT FACILITIES

Arrival Time	CODES X = Non-Compliance Noted N.O. = Not Observed N.A. = Not Applicable * = Discussed requirements with provider IN = In Compliance
Departure Time	
Date	

Initial	Annual	Reinspection	Lead	Special Circumstances: _____
FACILITY NAME				DVN
ADDRESS (Street, City, State, Zip Code)				COUNTY CODE
				INSPECTOR'S NAME (Print)

An inspection of your facility has been made on the above date. Any non-compliances are marked below.

A. GENERAL		E. FOOD PROTECTION																			
1. Clean and free of unsanitary conditions.		1. Food from approved source and in sound condition; no excessively dented cans.																			
2. No environmental hazards observed.		2. No use of home canned food. No unpasteurized milk.																			
3. No evidence of insects, spiders, rodents or pest entry points, or pest harborage.		3. Ground beef cooked to 155° F; poultry and pooled eggs to 165° F; pork to 145° F and all other foods cooked to at least 140° F. All hot food kept at 140° F or above.																			
4. Well ventilated, no evidence of mold, noxious or harmful odors.		4. Precooked food reheated to 165°.																			
5. Screens on windows and doors used for ventilation in good repair.		5. Food requiring refrigeration stored at 41° F or below. <i>*Corrected</i>																			
6. No indication of lead hazards.		6. Refrigerator 41° F or below, accessible readable thermometer required. Foods in freezer frozen solid.																			
7. No toxic or dangerous plants accessible to children.		Temp at time of Inspection _____ ° F.																			
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 reading 0° - 220° F in 2° increments for checking food temperatures. (Also use to check hot water temperature.)																			
9. All sinks equipped with mixing faucets or combination faucets with hot and cold running water under pressure.		8. Food, food related items, and utensils covered, stored and handled to prevent contamination by individuals, pests, toxic agents, cleaning agents, water drain lines, medicines, dust, splash and other foods. No bare-hand contact of ready-to-eat foods.																			
10. Hot water temperature at sinks accessible to children - 100° - 120° F. Temp at time of Inspection _____ ° F.		9. Food, toxic agents, cleaning agents not in their original containers properly labeled. <i>*Corrected</i>																			
11. Pets free of disease communicable to man.		10. No food or food related items stored or prepared in diapering areas or bathrooms.																			
12. Pets living quarters clean, and well maintained.		11. Food stored in food grade containers only.																			
13. Reptiles are prohibited on the premises. Birds of the Parrot Family tested for Psittacosis.		12. Food thawed under refrigeration, 70° F running water, or microwave (if part of the cooking process).																			
14. Swimming/wading pools filtered, treated, tested and water quality records maintained. Meets local codes.		13. No animals in food preparation or food storage areas.																			
15. A minimum of 18" separation between drinking fountains & hand sinks.		14. No eating, drinking, and/or smoking during food preparation.																			
16. No high hazards cross-connections.		15. Food served and not eaten shall not be re-served to children in care.																			
B. WATER SUPPLY (check type)		16. Refrigerated potentially hazardous foods properly marked with 7-day discard date after opening or preparation.																			
<table border="1"> <tr> <th>COMMUNITY</th> <th>NON-COMMUNITY</th> <th>PRIVATE</th> </tr> <tr> <td colspan="3">PRIVATE SYSTEMS ONLY</td> </tr> <tr> <td colspan="3">1. Constructed to prevent contamination.</td> </tr> <tr> <td colspan="3">2. Meets DHSS-SCCR water quality requirements.</td> </tr> <tr> <td colspan="3">A. Bacteriological sample results.</td> </tr> <tr> <td colspan="3">B. Chemical (Prior SCCR Approval Needed)</td> </tr> </table>		COMMUNITY	NON-COMMUNITY	PRIVATE	PRIVATE SYSTEMS ONLY			1. Constructed to prevent contamination.			2. Meets DHSS-SCCR water quality requirements.			A. Bacteriological sample results.			B. Chemical (Prior SCCR Approval Needed)			F. CLEANING AND SANITIZING	
COMMUNITY	NON-COMMUNITY	PRIVATE																			
PRIVATE SYSTEMS ONLY																					
1. Constructed to prevent contamination.																					
2. Meets DHSS-SCCR water quality requirements.																					
A. Bacteriological sample results.																					
B. Chemical (Prior SCCR Approval Needed)																					
C. SEWAGE (check type) <table border="1"> <tr> <th>COMMUNITY</th> <th>ON-SITE</th> </tr> <tr> <td colspan="2">ON-SITE SYSTEMS ONLY</td> </tr> <tr> <td colspan="2">1. DNR Regulated System:</td> </tr> <tr> <td colspan="2">Type: _____</td> </tr> <tr> <td colspan="2">2. DHSS Regulated System:</td> </tr> <tr> <td colspan="2">Type: _____</td> </tr> <tr> <td colspan="2">Meets DHSS-SCCR requirements.</td> </tr> <tr> <td colspan="2">3. Meets local requirements.</td> </tr> </table>		COMMUNITY	ON-SITE	ON-SITE SYSTEMS ONLY		1. DNR Regulated System:		Type: _____		2. DHSS Regulated System:		Type: _____		Meets DHSS-SCCR requirements.		3. Meets local requirements.		1. All items requiring sanitizing shall be washed, rinsed and sanitized with approved agents, methods, and concentrations. <i>*Corrected</i>			
		COMMUNITY	ON-SITE																		
		ON-SITE SYSTEMS ONLY																			
		1. DNR Regulated System:																			
		Type: _____																			
		2. DHSS Regulated System:																			
		Type: _____																			
		Meets DHSS-SCCR requirements.																			
		3. Meets local requirements.																			
		2. All utensils and toys air dried.																			
3. The following items washed, rinsed and sanitized after each use:																					
A. Food utensils <i>*Corrected</i>																					
B. Food contact surfaces including eating surfaces, high chairs, etc.																					
C. Potty chairs and adapter seats.																					
D. Diapering surface																					
E. All toys that have had contact with body fluids.																					
4. The following items are washed, rinsed and sanitized at least daily:																					
A. Toilets, urinals, hand sinks.																					
B. Non-absorbent floors in infant/toddler spaces.																					
C. Infant/Toddler toys used during the day.																					
5. Walls, ceilings, and floors clean and in good repair. Cleaned and sanitized when contacted by body fluids.																					
6. Appropriate test strips available and used to check proper concentration of sanitizing agents.																					
7. Soiled laundry stored and handled in a manner which does not contaminate food, food related items and child contact items.																					
D. HYGIENE																					
1. Care givers and children wash hands using soap, warm running water and sanitary hand drying methods.																					
2. Care givers and children wash hands BEFORE: preparing, serving, and eating food; glove use. AFTER: toileting, diapering, assisting with toileting, nose blowing, handling raw food, glove use, cleaning and sanitizing, outdoor play, handling animals, eating, smoking, and as necessary.																					
3. Personnel preparing/serving food is free of infection or illness.																					

Centers, Group Homes and License-Exempt Facilities

Sanitation Inspection Report

FACILITY NAME:

DVN:

DATE _____

[illegible]

The above facility has been **inspected** and 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 _____

Katlyna Pecaut

[Signature]

