

## 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
Departure Time	N.O. = Not Observed
	N.A. = Not Applicable
	# = Discussed and Agrees to comply with requirements
Date	comply managements
	PAGE 1 OF

	LIOLITOL-LACIMI I I AGILITILO				17102 1 01	
	nitial Annual Re-Inspection Lead Special Circur	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.	Food from an approved source and in sound condition;				
2.	No environmental hazards observed.	١.	no excessively dented cans.			
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° F;			
5.	Screens on windows and doors used for ventilation in good repair.		pork to 145°F; and all other foods cooked to at least 135° F; all hot			
6.	No indications of lead hazards.		food kept at 135° F or above.			
7.	No toxic or dangerous plants accessible to children.	-	4. Precooked food reheated to 165° F.			
8.	Medicines and other toxic agents not accessible to children and stored to prevent contamination of child contact items.	5.	5. Food requiring refrigeration stored at 41° F or below.			
	All sinks equipped with mixing faucets or combination faucets with	<u> </u>	6. Refrigerator 41° F or below, accessible readable thermometer required. Foods in freezer frozen solid. Temp(s) at time of inspection:			
9.	hot and cold running water under pressure.		required. I dodd iii iidd2c	i ilozofi dolla. Toli	ip(s) at time of mapeotion.	
10.	Hot water temperature at sinks accessible to children: 100°-120° F.			, , , ,	00.51.001	$\vdash$
	Temp(s) at time of inspection:	7.	Metal stemmed thermom for checking food tempe		U° F in 2° increments	
11.	Pets free of diseases communicable to man.				ed and stored to prevent	
12.	Pets living quarters clean and well maintained.	8.	Food, food related items and utensils covered and stored to prevent  8. contamination by individuals, pests, toxic agents, cleaning agents,			
13.	Reptiles prohibited on the premises. Birds of the Parrot Family		water drain lines, medicin	nes, dust, splash a		
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	ing 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	<ul><li>11. Food stored in food grade containers only.</li><li>12. Food thawed under refrigeration, 70° F running water, or n</li></ul>				
	sinks.			ning water, or microwave		
16.	No high hazard cross connections.	40	if part of the cooking process.			
В.	WATER SUPPLY (check type)		<ul><li>13. No animals in food preparation or food storage areas.</li><li>14. No eating, smoking, drinking during food preparation.</li></ul>			
	COMMUNITY NON-COMMUNITY PRIVATE		15. Food served and not eaten shall not be re-served to children in care.			
	PRIVATE SYSTEMS ONLY	16	16. Refrigerated potentially hazardous foods properly marked with 7-day			
1.	Constructed to prevent contamination.		discard date after opening or preparation.			
2.	Meets DHSS water quality requirements.	F.	F. CLEANING AND SANITIZING			
	A. Bacteriological sample results:	1.	All items requiring sanitizing shall be washed, rinsed, and sanitized with approved agents, methods, and concentrations.			
	B. Chemical sample results:			•		
C.	SEWAGE (check type)	3.	2. All utensils and toys air dried.     3. The following items washed, rinsed and sanitized after each use:			
	COMMUNITY ON-SITE	<u>J.</u>	A. Food Utensils.	ica, misea ana 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	rs in infant/toddler	spaces.	
1.	Caregivers and children wash hands using soap, warm running		C. Infant/Toddler toys	<del>-</del>		
	water and sanitary hand drying methods.  Care givers and children wash hands BEFORE: preparing, serving,	5.	Walls, ceiling, and floors		repair. Cleaned and	
,	and eating food; glove use. AFTER: toileting, diapering, assisting		sanitized when contacte	•	ta abaalaanaa	1
2.	with toileting, nose blowing, handling raw food, glove use, cleaning	6.	Appropriate test strips a concentration of sanitizing		to cneck proper	
	and sanitizing, outdoor play, handling animals, eating, smoking,	7.	0 1 11 1 1 1		nner which does not	
3.	and as necessary.  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	1	BCC-35-1

Centers, Group Homes and License-Exempt Facilities		O = Observed	DA OF 0 OF		
Sanitation Inspection Report		R = Required	PAGE 2 OF		
FACILITY NAME		DVN	DATE		
G. FOOD EQUIPMENT AND UTENSILS	I. BATHROOMS				
Single service items not reused.	1. Cleaned as needed or a				
2. All food equipment and utensils in good repair.	2. Paper towels stored an		er that minimizes		
Food preparation and storage areas have adequate lighting.		contamination. All equipment in good repair.			
4. Kitchen equipment that produces excessive grease laden vapors,		3. Facilities approved AFTER October 31, 1991 have:			
moisture, or heat is properly vented.	Enclosed with full walls	and solid doors. Door	rs closed when		
5. Facilities shall have mechanical refrigeration for facility use only.	not in use.				
Exception: License-Exempt facilities approved BEFORE October 31, 1997.	4. Facilities approved AF				
6. No carpeting or absorbent floor coverings in food preparation areas.	Mechanical venting to	•			
7. Adequate preparation and storage equipment for hot foods.	J.	cated in or immediately	y adjacent to the		
8. Facilities with a capacity of 20 children or less shall have:	bathrooms.				
A. Mechanical dishwasher that sanitizes; or employ an additional	6. No carpeting or absorb	•			
sanitizing rinse in conjunction with the mechanical dishwasher;	7. Sufficient lighting for cl		_		
or a 3 compartment sink or a 2 compartment sink with a third	8. No storage of toothbru		S.		
portable compartment for the final sanitizing step.	J. INFANT/TODDLER U				
B. If a mechanical dishwasher is used, a minimum of two sinks		curs, shall have a sink f			
located in the food preparation area labeled as:  1) Hand washing only  2) Food preparation only.		pering hand washing si			
Facilities with a canacity of more than 20 children approved REFORE		T Unit washed, rinsed a			
9. October 31, 1991, shall have:		methods and equipmer	nt.		
A. Mechanical dishwasher that sanitizes; or employ an additional	K. DIAPERING AREA				
sanitizing rinse in conjunction with the mechanical dishwasher;		shed, rinsed or stored	in the diaper		
or use a 3 compartment sink.	changing area.				
B. If a mechanical dishwasher is used, a minimum of two sinks		running water located in			
located in food preparation areas labeled as:	immediately accessibl	e to the diapering surfa			
1) Hand washing only 2) Food preparation only.		ooth, easily cleanable,	nonabsorbent, and		
10. Facilities with a capacity of more than 20 children approved AFTER	in good repair.	in a solid, nonabsorbei	at a antain an with		
October 31, 1991 shall have:	4. tight fitting lid located		it container with		
A. Facilities located in a provider's residence shall have separate	Coiled diaper contains	er emptied, washed, rin	sed, and sanitized		
food preparation and storage areas.	5. daily.	p. 10 a., 11 a. 11 a., 11 a.	554, 4.14 54.11. <u>1</u>		
B. A commercial dishwasher or a 3 compartment sink in addition	L. REFUSE DISPOSAL				
to a separate hand washing sink.  C. If a commercial dishwasher is used, a sink located in the food	1. Adequate number of o	containers.			
preparation area labeled as food preparation.	2. Clean, nonabsorbent,				
		lean; containers covere	ed at all times		
H. CATERED FOODS		ntainers covered as reg			
Catered food from inspected and approved source.					
2. Safe food temperature maintained during transport.	5. Restrooms used by st	taff have covered refus	e containers.		
Temperature at arrival: 3 Facility using catered food exclusively shall have a hand washing					
3. Facility using catered food exclusively shall have a hand washing sink in kitchen/food service area.					
4. Facility not using single service utensils exclusively meets applicable dishwashing requirements as stated in Section G(8), G(9), or G(10).					
5. Food and food related items protected from contamination during					
transport.					
	T =				
The above facility has been inspected and does does not conform			arked by an asterisk (*)		
with the sanitation requirements of the Missouri Department of Health and		n (X) on this form.	I agree to comply with		
Senior Services.	these requirements.	OVIDED	DATE		
SIGNATURE OF INSPECTOR TELEPHONE DATE	SIGNATURE OF CHILD CARE PRO	UVIDEK	DATE		
l Sant					
	1				

Centers, Group Homes and License-Exempt Facilities

Centers, Group Homes and License-Exempt Facilities		O = Observed	PAGE 3 OF
Sanitation Inspection Report FACILITY NAME		R = Required	DATE
Section# OBSERVA	TIONS		
Jection # ODSERVA	HONO		
<del></del>			
<del> </del>			
The above facility has been <b>inspected</b> and <b>does does not</b> conform	The inspector has disc	cussed the issues marked	l by an asterisk (米)
with the sanitation requirements of the Missouri Department of Health and	and/or marked by ar	n (X) on this form. I ag	gree to comply with
Senior Services.  SIGNATURE OF INSPECTOR TELEPHONE DATE	these requirements.  SIGNATURE OF CHILD CARE PRO	VIDER	DATE
Cank			