

## MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES SECTION FOR CHILD CARE REGULATION SANITATION INSPECTION REPORT LICENSED CENTERS, GROUP HOMES

| Arrival Time  |   | CODES |  |
|---------------|---|-------|--|
|               |   | Χ     | = Non-Compliance Noted   |
| Departure Tim | C |       | = Not Observed<br>= Not Applicable   |
| Date          |   | IN    | <ul><li>Discussed requirements<br/>with provider</li><li>In Compliance</li></ul> |

| No.                                     | AND LICENSE-EXEMPT FACILITIES  |   | Date   |   | IN = In Co     | rovider<br>mpliance |  |
|---|--|---|--|---|----------------|---------------------|--|
|   | Initial Annual Reinspection Lead Special Circumst  | ances   |  |   |                |                     |  |
| FACILITYNAME                            |  |   |  | DVN   |                | COUNTY CODE         |  |
| ADDRESS (Street, City, State, Zip Code) |  |   |  | INSPECTOR'S NAME (Print)  |                |                     |  |
|   |  |   |  | , ,   |                |                     |  |
|   | spection of your facility has been made on the above date. Any non-comp  |   |  |   |                |                     |  |
|   | ENERAL   |   | OD PROTECTION  |   |                |                     |  |
|   | Clean and free of unsanitary conditions.   |   | Food from approved source a  |   | excessively de | nted cans.          |  |
|   | No environmental hazards observed.  No evidence of insects, spiders, rodents or pest entry points, or pest harborage.  |   | No use of home canned food. No unpasteurized milk.   |   |                |                     |  |
|   |  |   | 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.  |   |                |                     |  |
|   | Well ventilated, no evidence of mold, noxious or harmful odors.  |   |  |   |                |                     |  |
|   | Screens on windows and doors used for ventilation in good repair.  No indication of lead hazards.  |   | 1 0 0  |   |                |                     |  |
|   | No toxic or dangerous plants accessible to children.   |   | <ol> <li>Refrigerator 41° For below, accessible readable thermometer required. Foods in<br/>freezer frozen solid.</li> </ol>   |   |                | d. Foods in         |  |
|   | Medicines and other toxic agents not accessible to children. Child contact items   |   | Temp at time of Inspection   | n   | ° F.           |                     |  |
| 0.                                      | stored to prevent contamination by medicines, other toxic agents, cleaning agents and waste water drain lines.  *Corrected   |   | <ol> <li>Metal stemmed thermometer reading 0° - 220° F in 2° increments for checking food<br/>temperatures. (Also use to check hot water temperature.)</li> </ol>  |   |                | ecking food         |  |
|   | All sinks equipped with mixing faucets or combination faucets with hot and cold running water under pressure.  |   | 3. Food, food related items, and utensils covered, stored and handled to prevent contamination by individuals, pests, toxic agents, cleaning agents, water drain lines, and other foods. No hard hand contest of ready to set foods. |   |                |                     |  |
| 10.                                     | Hot water temperature at sinks accessible to children - 100° - 120° F. <b>Temp at</b> time of Inspection°F.  |   | medicines, dust, splash and other foods. No bare-hand contact of ready-to-eat foods.  9. Food, toxic agents, cleaning agents not in their original containers properly   |   |                |                     |  |
| 11.                                     | Pets free of disease communicable to man.  |   | labeled.   |   |                |                     |  |
|   | Pets living quarters clean, and well maintained.   |   | 10. No food or food related items stored or prepared in diapering areas or bathrooms.  |   |                | rooms.              |  |
| 13.                                     | Reptiles are prohibited on the premises. Birds of the Parrot Family tested for Psittacosis.  | 11. Food stored in food grade containers only.                            |  |   |                |                     |  |
| 1.1                                     |  |   | <ol> <li>Food thawed under refrigeration, 70° F running water, or microwave (if part<br/>cooking process).</li> </ol>  |   |                |                     |  |
| 14.                                     | Swimming/wading pools filtered, treated, tested and water quality records maintained. Meets local codes.   | 13. No animals in food preparation or food storage                        |  | on or food storage areas  |                |                     |  |
| 15.                                     | A minimum of 18" separation between drinking fountains & hand sinks.   |   | No eating, drinking, and/or smoking during food preparation.   |   |                |                     |  |
|   | No high hazards cross-connections.   | 15. Food served and not eaten shall not be re-served to children in care. |  |   |                |                     |  |
|   | B. WATER SUPPLY (circle type)  16. Refrigerated potentially hazardous foods properly marked with 7-day discard date  |   |  |   | iscard date    |                     |  |
|   | COMMUNITY PRIVA  |   | after opening or preparation.  | ,   | ,              |                     |  |
|   | PRIVATE SYSTEMS ONLY   |   | EANING AND SANITIZ   |   |                |                     |  |
|   | Constructed to prevent contamination.  Meets DHSS-SCCR water quality requirements.   | '' ;  | All items requiringsanitizing shall be washed, rinsed and sanitized with approved agents, methods, and concentrations.  *Corrected*  |   |                | • • •               |  |
| A.                                      | Bacteriological sample results.  | 2.  | All utensils and toys air dried.   |   |                |                     |  |
| В.                                      | Chemical (Prior SCCR Approval Needed)  |   |  | The following items washed, rinsed and sanitized after each use:  A. Foodutensils |                |                     |  |
| C. SE                                   | WAGE (circle type)   |   |  | Food contact surfaces including eating surfaces, high chairs, etc.                |                |                     |  |
|   | COMMUNITY ON-SITE  |   | C. Potty chairs and adapter s  | seats.  | <u> </u>       |                     |  |
|   | ON-SITE SYSTEMS ONLY   |   | D. Diapering surface   |   |                |                     |  |
| 1.                                      | DNR Regulated System: Type:  |   | E. All toys that have had con  | <b>'</b>  |                |                     |  |
|   |  |   | The following items are w  | ·   | zed at least   | daily:              |  |
| 2                                       | DHSS Regulated System: Type:   |   | <ul> <li>A. Toilets, urinals, hand sinks</li> <li>B. Non-absorbent floors in in</li> </ul>   |   |                |                     |  |
|   | Meets DHSS-SCCR requirements.  | -   | C. Infani/Toddler toys used d  | · · · · · · · · · · · · · · · · · · ·   |                |                     |  |
|   | Meets local requirements.  |   | Walls, ceilings, and floors cle  |   | aned and sani  | tized when          |  |
|   | /GIENE   |   | contacted by body fluids.  | 3   |                |                     |  |
|   | Care givers and children wash hands using soap,warm running water and sanitary hand drying methods.  |   | Appropriate test strips avaitable sanitizing agents.   | lable and used to check   | proper conce   | ntration of         |  |
|   | 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. |   | 7. Soiled laundry stored and handled in a manner which does not contaminate food, food related items and child contact items.  *Corrected*   |   |                |                     |  |
| 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  |  |  |  |
| G. FOOD EQUIPMENT AND UTENSILS  | I. BATHROOMS  |  |  |  |
| Single service items not reused.  |   |  |  |  |
| 2. All food equipment and utensils in good repair.  *Corrected  *Corrected  | Cleaned as needed or at least daily.      Paper towels stored and dispensed in a manner that minimizes contamination. All                         |  |  |  |
|   | equipment in good repair.   |  |  |  |
| Food preparation and storage areas have adequate lighting.  |   |  |  |  |
| 4. Kitchen equipment that produces excessive grease laden vapors, moisture or heat  | 3. Facilities approved AFTER October 31, 1991 have:   |  |  |  |
| is properly vented.   | Enclosed with full walls and solid doors. Doors closed when not in use. *corrected  |  |  |  |
| 5. Facilities shall have mechanical refrigeration for facility use only.  | 4. Facilities approved AFTER October 31, 1998 have:   |  |  |  |
| Exception: License-Exempt facilities approved <u>BEFORE October 31, 1997</u>  | Mechanically vented to prevent molds and odors.   |  |  |  |
| 6. No carpeting or absorbent floor coverings in food preparation area.  | Hand washing sinks located in or immediately adjacent to the bathroom.  |  |  |  |
| 7. Adequate preparation and storage equipment for hot foods.  | 6. No carpeting or absorbent floor coverings.   |  |  |  |
| 8. Facilities with a capacity of 20 children or less shall have:  | 7. Sufficient lighting for cleaning.  |  |  |  |
| A Machanical dishurahar that agaitizes are ampley an additional conitizing rings in   | 8. No storage of toothbrushes or mouthable toys.  |  |  |  |
| 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                                     | J. INFANT / TODDLER UNITS   |  |  |  |
| compartment sink with a third portable compartment for the final sanitizing step.  B. If a mechanical dishwasher is used, a minimum of two sinks located in food                                    | If food preparation occurs, shall have a sink for food preparation separate from the diapering hand washing sink.                                 |  |  |  |
| preparation area labeled as:  | 2. Utensils used in the I/T Unit washed, rinsed and sanitized after each use with   |  |  |  |
| Hand washing only 2) Food preparation only.   | proper methods and equipment.   |  |  |  |
| 9. Facilities with a capacity of more than 20 children approved <u>BEFORE</u> October 31,   | K. DIAPERING AREA   |  |  |  |
| 1991, shall have:   | No utensils or toys washed, rinsed or stored in the diaper changing area.   |  |  |  |
| A. Mechanical dishwasher that sanitizes; or employ an additional sanitizing rinse in conjunction with the mechanical dishwasher; or use a 3 compartment sink.                                       | Hand sink with warm running water located in the diapering area immediately accessible to the diapering surface.                                  |  |  |  |
| B. If a mechanical dishwasher is used, a minimum of two sinks located in food   | 3. Diapering surface smooth, easily, cleanable, nonabsorbent, and in good repair.   |  |  |  |
| preparation area labeled as:  1) Hand washing only 2) Food preparation only.  | 4. Soiled diapers stored in a solid, nonabsorbent container with tight fitting lid located indiapering area.                                      |  |  |  |
| 10. Facilities with a capacity of more than 20 children approved AFTER October 31,  | Soiled diaper container emptied, washed, rinsed and sanitized daily.  |  |  |  |
| 1991 shall have:  | L. REFUSE DISPOSAL  |  |  |  |
|   | 1. Adequate number of containers.   |  |  |  |
| A. Facility located in provider's residence shall have separate food preparation and  | Clean, norabsorbent, insound condition.   |  |  |  |
| storage areas.  B. A commercial dishwasher or a 3 compartment sink in addition to a separate  | ·   |  |  |  |
| ANS ORANGE  | Outside refuse area clean; containers covered at all times.   |  |  |  |
| hand washing sink.  C. If a commercial dishwasher is used, a sink located in food preparation area  | 4. Inside food refuse containers covered as required.   |  |  |  |
| labeled as food preparation.  | 5. Restrooms used by staff have covered refuse containers.  |  |  |  |
| H. CATERED FOODS  | SECTION # OBSERVATIONS  |  |  |  |
| Catered food from inspected and approved source.  |   |  |  |  |
| Safe food temperature maintained during transport.  Temperature of principles  *F.  *F.  *F.  *F.  *F.  *F.  *F.  *F  |   |  |  |  |
| Temperature at arrival°F.   | _   |  |  |  |
| <ol><li>Facility using catered food exclusively shall have a hand washing sink in<br/>kitchen/food service area.</li></ol>  |   |  |  |  |
| Facility not using single service utensils exclusively meets applicable dishwashing requirements as stated in Section G(B), or G(9), or G(10).  |   |  |  |  |
| Food and food related items protected from contamination during transport.  |   |  |  |  |
| 3 - 4   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| The above facility has been <b>inspected</b> 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  |  |  |  |
| Manif II papa Grady   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |  |  |

| Centers, Group Homes and License-Exempt Facilities  Sanitation Inspection Report  |                                  |  |                  |  |  |
|---|----------------------------------|--|------------------|--|--|
| FACILITY NAME:  |                                  | DVN:   | DATE             |  |  |
|   |                                  |  |                  |  |  |
| SECTION# OB   | SERVATIONS                       |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
|   |                                  |  |                  |  |  |
| The above facility has been <b>inspected</b> and does does not conform with the sanitation requirements of the Missouri Department of Health and Senior Services Section for Child Care Regulation. |                                  | he issues marked by an asterisk (*)<br>comply with these requirements. | and/or marked by |  |  |
| SIGNATURE OF INSPECTOR TELEPHONE DATE   | SIGNATURE OF CHILD CARE PROVIDER |  | DATE             |  |  |
| Marie F. I. Paper Brokey  | Sitt                             | <b></b>  |                  |  |  |

| Centers, Group Homes and License-Exempt Facilities  Sanitation Inspection Report   |                                  |  |                   |  |  |
|--|----------------------------------|--|-------------------|--|--|
| FACILITY NAME:   |                                  | DVN:   | DATE              |  |  |
|  |                                  |  |                   |  |  |
| SECTION# OB  | SERVATIONS                       |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
|  |                                  |  |                   |  |  |
| The above for the base in a sected as the section of the section o | The inequator has discussed in   | ha issues marked by an astarist (*)                                    | and/or marked by  |  |  |
| The above facility has been <b>inspected</b> and does does not conform with the sanitation requirements of the Missouri Department of Health and Senior Services Section for Child Care Regulation.  |                                  | he issues marked by an asterisk (*)<br>comply with these requirements. | ани/от ттагкей бу |  |  |
| SIGNATURE OF INSPECTOR TELEPHONE DATE  | SIGNATURE OF CHILD CARE PROVIDER | 1  | DATE              |  |  |
| Manif II paper Burly   | S                                | >H   |                   |  |  |