



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---------|----------|----------|---------|
| TIME IN | 9:57am | TIME OUT | 12:10pm |
| DATE | 12-13-16 | PAGE | 1 of 3 |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

| | | |
|--|---|---|
| ESTABLISHMENT NAME: Farmington Children's Home | OWNER: Presbyterian Children's Home & Services of Missouri | PERSON IN CHARGE: Lois Johnson |
| ADDRESS: 608 Pine Street | ESTABLISHMENT NUMBER: -119 | COUNTY: 187 |
| CITY/ZIP: Farmington, 63640 | PHONE: 573-756-6744 | FAX: na |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____ | | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input checked="" type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS | | |
| FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____ | | |
| SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | | |
| WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ | | |

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| Compliance | Demonstration of Knowledge | COS | R | Compliance | Potentially Hazardous Foods | COS | R |
|---|---|-----|---|--|---|-----|-------------------------------------|
| <input checked="" type="checkbox"/> OUT | Person in charge present, demonstrates knowledge, and performs duties | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooking, time and temperature | | |
| Employee Health | | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper hot holding temperatures | | |
| Good Hygienic Practices | | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper date marking and disposition | | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT N/O | No discharge from eyes, nose and mouth | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Time as a public health control (procedures / records) | | |
| Preventing Contamination by Hands | | | | Consumer Advisory | | | |
| <input checked="" type="checkbox"/> OUT N/O | Hands clean and properly washed | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | Highly Susceptible Populations | | | |
| <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Pasteurized foods used, prohibited foods not offered | | |
| Approved Source | | | | Chemical | | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food additives: approved and properly used | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/C | Toxic substances properly identified, stored and used | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | Conformance with Approved Procedures | | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Compliance with approved Specialized Process and HACCP plan | | |
| Protection from Contamination | | | | The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item | | | |
| <input checked="" type="checkbox"/> OUT N/A | Food separated and protected | | | | | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/C N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| IN | OUT | Safe Food and Water | COS | R | IN | OUT | Proper Use of Utensils | COS | R |
|-------------------------------------|--------------------------|---|-----|--|-------------------------------------|-------------------------------------|---|-----|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled | | |
| Food Temperature Control | | | | Utensils, Equipment and Vending | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Adequate equipment for temperature control | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored, used | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| Food Identification | | | | Physical Facilities | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nonfood-contact surfaces clean | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage and display | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hot and cold water available; adequate pressure | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sewage and wastewater properly disposed | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fruits and vegetables washed before use | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned | | |
| | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

| | | | |
|--|--------------|-----------------|---|
| Person in Charge Title: <i>Lois Johnson</i> | Lois Johnson | Date: | December 13, 2016 |
| Inspector: <i>John Wiseman</i> | John Wiseman | Telephone No.: | (573)431-1947 |
| | | EPHS No.: | 1507 |
| | | Follow-up: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Follow-up Date: | 12-27-16 |



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|--|--|----------------------------|------------------------|--------------------------------|--------------|
| ESTABLISHMENT NAME Farmington Children's Home | | ADDRESS 608 Pine Street | | CITY /ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| True cooler at service area | | 36 | | | |
| Chili as prepared | | 171 | | | |
| Hot dogs a prepared | | 206 | | | |
| Walk-in cooler | | 38 | | | |
| Walk-in freezer | | 0 | | | |

| Code Reference | PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. | Correct by (date) | Initial |
|----------------|--|-------------------|---------|
| 4-601.11A | Food residue was observed on the hub attachment of the Univex mixer in the kitchen. Food contact surfaces shall be clean to sight and touch. Please wash, rinse and sanitize the mixer. | 12-16-16 | |
| 7-102.11 | Dispenser bottles containing detergent and sanitizer were observed throughout the facility without labeling. Working containers of toxic substances shall be labeled with the common name of the material. Please label these bottles. | | |
| 4-202.11A | A small non-stick pan stored in the kitchen was observed with damage to its surface. Multi-use food contact surfaces shall be smooth, non-absorbent and free of conditions which adversely affect cleaning and sanitation. COS by removing the pan from service. | COS | |
| 4-601.11A | An accumulation of food debris was observed on plates and cups in clean storage below the work surface in the unused DUKE cooler. Food contact surfaces shall be clean to sight and touch. Please wash, rinse and sanitize this equipment and protect it from contamination. | 12-16-16 | |
| 3-501.17A | Discard dates were not observed on American cheese and lunch meats not in their original packaging. Potentially hazardous foods held refrigerated shall be marked with the day or date, not to exceed seven days total, by which time the food shall be sold, consumed or discarded. COS by affixing a discard date to the food. | COS | |

| Code Reference | CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated. | Correct by (date) | Initial |
|----------------|--|-------------------|---------|
| 4-601.11C | An accumulation of dust was observed on the fan covers in the True cooler at the service area. Food residue was also observed in the door seals of this same unit. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the door seals and fan covers. | 12-27-16 | |
| 6-501.12A | An accumulation of dirt, grease and food debris was observed below equipment in the kitchen. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the floor in the kitchen/service area. | | |
| 5-205.15B | Leaking water was observed at the PVC pipe connections below the three compartment sink. A plumbing system shall be maintained in good repair. Please repair the leaks below the three compartment sink. | | |
| 4-601.11C | Dust and food debris was observed on under counter shelving of the old work tables. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the shelving in this area as necessary. | | |
| 6-501.12A | An accumulation of dust and debris was observed on the ceiling of the walk-in cooler. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the ceiling of the walk-in cooler. | | |

EDUCATION PROVIDED OR COMMENTS

| | | |
|--|--------------------------------|----------------------------|
| Person in Charge / Title: Lois Johnson | | Date: December 13, 2016 |
| Inspector: John Wiseman | Telephone No. (573)431-1947 | EPHS No. 1507 |
| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Follow-up Date: 12-27-16 |



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| ESTABLISHMENT NAME Farmington Children's Home | | ADDRESS 608 Pine Street | | CITY /ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
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|----------------|---|-------------------|---------|
| 4-101.19 | Absorbent towels were observed in use for draining cups in clean storage in the ware washing area. Non-food contact surfaces of equipment that are exposed to splash, moisture or food soiling shall be constructed of corrosion-resistant, nonabsorbent, and smooth materials. Please remove the absorbent materials and drain and air dry equipment of nonabsorbent surfaces. | 12-27-16 | |

EDUCATION PROVIDED OR COMMENTS

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