



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

| | | | |
|---------|---------------|----------|----------|
| TIME IN | 10:15 am | TIME OUT | 12:01 am |
| DATE | Oct. 19, 2016 | PAGE | 1 of 2 |

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.

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|--|--|--------------------------------------|
| ESTABLISHMENT NAME: Special Acres School | OWNER: Missouri Schools for the Severely Disabled | PERSON IN CHARGE: Theresa Shannon |
| ADDRESS: 519 Eighth Street | ESTABLISHMENT NUMBER: 4717 | COUNTY: 187 |
| CITY/ZIP: Park Hills 63601 | PHONE: (573)431-3076 | FAX: (573)431-4239 |
| PURPOSE: <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____ | | |
| ESTABLISHMENT TYPE: <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD | | |
| 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 <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper cooking, time and temperature | | |
| | Employee Health | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper cold holding temperatures | | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | Proper eating, tasting, drinking or tobacco use | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 checked="" type="checkbox"/> OUT | 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 <input type="checkbox"/> N/A | Food separated and protected | | | | | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored, used | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Adequate equipment for temperature control | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | | | | | Utensils, Equipment and Vending | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | Food Identification | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nonfood-contact surfaces clean | | |
| | | Prevention of Food Contamination | | | | | Physical Facilities | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hot and cold water available; adequate pressure | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage and display | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sewage and wastewater properly disposed | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fruits and vegetables washed before use | | | <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 | | |

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|--|---|
| Person in Charge /Title: <i>Theresa Shannon</i> Theresa Shannon | Date: October 19, 2016 |
| Inspector: <i>Rose Mier</i> Rose Mier | Telephone No. (573)431-1947 |
| EPHS No. 1390 | Follow-up: Follow-up Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |



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| | | | | | |
|---|--|------------------------------|--|-------------------------------|---------------|
| ESTABLISHMENT NAME Special Acres School | | ADDRESS 519 Eighth Street | | CITY /ZIP Park Hills 63601 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Milk, student milk cooler @ Central MS | | 40 | Salisbury Steak, hot hold cabinet @ Central MS | | 172 |
| Ambient, student milk cooler @ Central MS | | 41 | Ambient, hot hold cabinet @ Central MS | | 165 |
| Potatoes, hot hold @ Central MS | | 135 | Ambient, refrigerator/freezer, Ms. Lynn's room | | 40/5 |
| Hotpoint refrigerator, trailer: ambient, milk | | 45, 45 | Ambient, Hotpoint freezer, trailer | | 4 |
| Dip, Hotpoint refrigerator, trailer | | 38 | Salisbury steak, carrots, potatoes @ Special Acres | | 136, 140, 135 |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|----------------|-------------------|---------|
|----------------|----------------|-------------------|---------|

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.**

| | | | |
|-----------|---|-----|----|
| NOTES: | <p>Food is prepared at Central Middle School. A routine inspection was conducted at the school just prior to the food being packaged and transported to Special Acres School. All cooking and hot holding temperatures were in compliance with regulations. See the routine inspection on this date for Central Middle School.</p> <p>Food is packaged in bulk at Central Middle School, then transported to Special Acres School in an enclosed area in a clean vehicle. Once at Special Acres school, the food is taken into the trailer where it is portioned into individual single-use serving containers. The containers are then placed on a mobile rack and distributed to the different serving areas.</p> <p>Ms. Theresa Shannon, food manager at Special Acres School, arrived at Central Middle School at approximately 10:45 am. I followed Ms. Shannon to Special Acres School.</p> | | |
| 3-501.16A | The Hotpoint refrigerator in the trailer had an ambient temperature of 45F; milk that was held in the door of this refrigerator had an internal temperature of 45F. However, dip was measured at 38F. Cold holding units shall hold food at 45F or lower. Please adjust, repair, or replace the refrigerator so it reliably holds food at 41F or lower. CORRECTED ON SITE by lowering thermostat. Final temperature was 38F. | COS | TS |
| 2-402.11A | Staff who were distributing food and staff who were feeding students were observed to have hair that was not restrained. One staff member had long decorations in her hair. Hair shall be restrained using hats, hair coverings or nets, or other effective means to keep hair from contacting or falling into exposed food, clean equipment, and single-use items. Long hair decorations may also contaminate food and food-related items. Please use a hair restraint and do not use jewelry that is hard to clean or may contaminate food. CORRECTED ON SITE by discussion of rule with manager | COS | |

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|------------|-------------------|---------|
|----------------|------------|-------------------|---------|

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.**

| | | | |
|-----------|--|----------|----|
| 4-601.11C | Accumulation of debris observed on shelves inside the Hotpoint refrigerator and freezer in the trailer. Also, mold observed on the door seals, and one shelf was broken. Please replace broken shelf and clean inside of refrigerator and freezer. Use sanitizer on the door seals after cleaning. | 10/29/16 | TS |
| 6-501.12A | Accumulation of debris observed on the pipes and floor beneath the 2-vat sink in the main building. Physical facilities shall be kept clean. Please clean as often as needed to keep clean. | 10/20/16 | |
| 6-501.18 | The handwashing sinks and countertops in the classrooms were observed dirty. Please clean sinks and surrounding areas at least daily, more often if needed to keep clean. | 10/20/16 | |

EDUCATION PROVIDED OR COMMENTS

Menu: Salisbury steak and gravy, carrots, mashed potatoes, roll, mixed fruit

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|--|-----------------------------|------------------------|--|
| Person in Charge /Title: Theresa Shannon | | Date: October 19, 2016 | |
| Inspector: Rose Mier | Telephone No. (573)431-1947 | EPHS No. 1390 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | | Follow-up Date: |