



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

Arrival Time <b>10:10 am</b>	<b>CODES</b> X = Non-Compliance Noted N.O. = Not Observed N.A. = Not Applicable * = Discussed and Agrees to comply with requirements
Departure Time <b>11:34 am</b>	
Date <b>3/9/18</b>	

Initial  Annual  Reinspection  Lead  Special Circumstances Page 1 of 3

FACILITY NAME <b>Jessica's Kiddie Korner / Jessica Marie Spivey</b>	DVN <b>002664326</b>	COUNTY CODE <b>187</b>
ADDRESS (Street, City, State, Zip Code) <b>10 6th Street, Park Hills, MO 63601-2725</b>	INSPECTOR'S NAME (Print) <b>Rose Mier</b>	

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.	X	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.	X
6. No indication of lead hazards.		6. Refrigerator 41° F or below, accessible readable thermometer required. Foods in freezer frozen solid. <b>Temp at time of Inspection</b> <u>see below</u> ° F.	
7. No toxic or dangerous plants accessible to children.		7. Metal stemmed thermometer reading 0° - 220° F in 2° increments for checking food temperatures. (Also use to check hot water temperature.)	
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.	X	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.	
9. All sinks equipped with mixing faucets or combination faucets with hot and cold running water under pressure.		9. Food, toxic agents, cleaning agents not in their original containers properly labeled.	
10. Hot water temperature at sinks accessible to children - 100° - 120° F. <b>Temp at time of Inspection</b> <u>110, 109</u> °F.		10. No food or food related items stored or prepared in diapering areas or bathrooms.	
11. Pets free of disease communicable to man.	na	11. Food stored in food grade containers only.	
12. Pets living quarters clean, and well maintained.	na	12. Food thawed under refrigeration, 70° F running water, or microwave (if part of the cooking process).	*
13. Reptiles are prohibited on the premises. Birds of the Parrot Family tested for Psittacosis.	*	13. No animals in food preparation or food storage areas.	na
14. Swimming/wading pools filtered, treated, tested and water quality records maintained. Meets local codes.	na	14. No eating, drinking, and/or smoking during food preparation.	
15. A minimum of 18" separation between drinking fountains & hand sinks.		15. Food served and not eaten shall not be re-served to children in care.	
16. No high hazards cross-connections.		16. Refrigerated potentially hazardous foods properly marked with 7-day discard date after opening or preparation.	
B. WATER SUPPLY (circle type)		F. CLEANING AND SANITIZING	
<input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE <b>PRIVATE SYSTEMS ONLY</b>		1. All items requiring sanitizing shall be washed, rinsed and sanitized with approved agents, methods, and concentrations.	X
1. Constructed to prevent contamination.		2. All utensils and toys air dried.	X
2. Meets DHSS-SCCR water quality requirements. A. Bacteriological sample results. B. Chemical (Prior SCCR Approval Needed)		3. The following items washed, rinsed and sanitized after each use: A. Food utensils	
		B. Food contact surfaces including eating surfaces, high chairs, etc.	
		C. Potty chairs and adapter seats.	X
		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.	
C. SEWAGE (circle type)			
<input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> ON-SITE <b>ON-SITE SYSTEMS ONLY</b>			
1. DNR Regulated System: Type: _____			
2. DHSS Regulated System: Type: _____ Meets DHSS-SCCR requirements.			
3. Meets local requirements.			
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 <b>Jessica's Kiddie Korner / Jessica Marie Spivey</b>	DVN <b>002664326</b>	DATE <b>3/9/18</b>
--	-------------------------	-----------------------

<b>G. FOOD EQUIPMENT AND UTENSILS</b>	<b>I. BATHROOMS</b>
---------------------------------------	---------------------

- |  |  |
|--|--|
| <p>1. Single service items not reused.</p> <p>2. All food equipment and utensils in good repair.</p> <p>3. Food preparation and storage areas have adequate lighting.</p> <p>4. Kitchen equipment that produces excessive grease laden vapors, moisture or heat is properly vented.</p> <p>5. Facilities shall have mechanical refrigeration for facility use only.<br/><b>Exception: License-Exempt facilities approved BEFORE October 31, 1997</b></p> <p>6. No carpeting or absorbent floor coverings in food preparation area.</p> <p>7. Adequate preparation and storage equipment for hot foods.</p> <p>8. Facilities with a capacity of 20 children or less shall have:</p> | <p>1. Cleaned as needed or at least daily.</p> <p>2. Paper towels stored and dispensed in a manner that minimizes contamination. All equipment in good repair.</p> <p>3. Facilities approved <b>AFTER October 31, 1991</b> have:<br/>Enclosed with full walls and solid doors. Doors closed when not in use.</p> <p>4. Facilities approved <b>AFTER October 31, 1998</b> have:<br/>Mechanically vented to prevent molds and odors.</p> <p>5. Hand washing sinks located in or immediately adjacent to the bathroom.</p> <p>6. No carpeting or absorbent floor coverings.</p> <p>7. Sufficient lighting for cleaning.</p> <p>8. No storage of toothbrushes or mouthable toys.</p> |
|--|--|

<b>J. INFANT / TODDLER UNITS</b>	
----------------------------------	--

- |   |  |
|---|--|
| <p><b>A.</b> Mechanical dishwasher that sanitizes; or employ an additional sanitizing rinse in conjunction with the mechanical dishwasher; or a 3 compartment sink or a 2 compartment sink with a third portable compartment for the final sanitizing step.</p> <p><b>B.</b> If a mechanical dishwasher is used, a minimum of two sinks located in food preparation area labeled as:<br/>1) Hand washing only 2) Food preparation only.</p> | <p>1. If food preparation occurs, shall have a sink for food preparation separate from the diapering hand washing sink.</p> <p>2. Utensils used in the I/T Unit washed, rinsed and sanitized after each use with proper methods and equipment.</p> |
|---|--|

<b>K. DIAPERING AREA</b>	
--------------------------	--

- |  |   |
|--|---|
| <p>9. Facilities with a capacity of more than 20 children approved <b>BEFORE October 31, 1991, shall have:</b></p> <p><b>A.</b> Mechanical dishwasher that sanitizes; or employ an additional sanitizing rinse in conjunction with the mechanical dishwasher; or use a 3 compartment sink.</p> <p><b>B.</b> If a mechanical dishwasher is used, a minimum of two sinks located in food preparation area labeled as:<br/>1) Hand washing only 2) Food preparation only.</p> | <p>1. No utensils or toys washed, rinsed or stored in the diaper changing area.</p> <p>2. Hand sink with warm running water located in the diapering area immediately accessible to the diapering surface.</p> <p>3. Diapering surface smooth, easily, cleanable, nonabsorbent, and in good repair.</p> <p>4. Soiled diapers stored in a solid, nonabsorbent container with tight fitting lid located in diapering area.</p> <p>5. Soiled diaper container emptied, washed, rinsed and sanitized daily.</p> |
|--|---|

<b>L. REFUSE DISPOSAL</b>	
---------------------------	--

- |   |   |
|---|---|
| <p>10. Facilities with a capacity of more than 20 children approved <b>AFTER October 31, 1991 shall have:</b></p> <p><b>A.</b> Facility located in provider's residence shall have separate food preparation and storage areas.</p> <p><b>B.</b> A commercial dishwasher or a 3 compartment sink in addition to a separate hand washing sink.</p> <p><b>C.</b> If a commercial dishwasher is used, a sink located in food preparation area labeled as food preparation.</p> | <p>1. Adequate number of containers.</p> <p>2. Clean, nonabsorbent, in sound condition.</p> <p>3. Outside refuse area clean; containers covered at all times. <span style="float:right">X</span></p> <p>4. Inside food refuse containers covered as required.</p> <p>5. Restrooms used by staff have covered refuse containers.</p> |
|---|---|

<b>H. CATERED FOODS</b>	<b>SECTION #</b>	<b>OBSERVATIONS</b>
-------------------------	------------------	---------------------

- |  |  |
|--|--|
| <p>1. Catered food from inspected and approved source. <span style="float:right">na</span></p> <p>2. Safe food temperature maintained during transport.<br/><b>Temperature at arrival</b> _____ °F.</p> <p>3. Facility using catered food exclusively shall have a hand washing sink in kitchen/food service area.</p> <p>4. Facility not using single service utensils exclusively meets applicable dishwashing requirements as stated in Section G(B), or G(9), or G(10).</p> <p>5. Food and food related items protected from contamination during transport.</p> | <p>LUNCH MENU<br/>Frozen pizza with extra cheese - 210 in oven<br/>Green beans (freshly opened canned)<br/>Peaches</p> <p>TEMPERATURES<br/>Frigidaire freezer in kitchen 0<br/>Frigidaire refrigerator in kitchen: ambient 34, milk 37</p> |
|--|--|

Per owner:  
There are no pets  
No catered foods  
No swimming or wading pools

\*A13, E1, E1, E12 - These items were discussed with the owner; clarifications of rules were made

The above facility has been inspected 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 <i>Rose Mier</i>	TELEPHONE (573)431-1947	DATE 3/9/18	SIGNATURE OF CHILD CARE PROVIDER <i>Jenni Aping</i>	DATE 3/9/18
--	----------------------------	----------------	--	----------------

**Sanitation Inspection Report**

FACILITY NAME:

Jessica's Kiddie Korner / Jessica Marie Spivey

DVN:

002664326

DATE

3/9/18

**SECTION #****OBSERVATIONS****KITCHEN**

A1 - A potato tot was observed inside the drawer of the stove. Food equipment shall be clean.

CORRECTED ON SITE by cleaning drawer

F2 - A lidded pitcher, stored inside the cabinet above the 2-vat sink, was wet inside. All food utensils shall be air dried after cleaning and sanitizing.

CORRECTED ON SITE by placing pitcher in sink for recleaning and air drying

F1 - The chlorine concentration in the sanitizing tub was greater than 200 ppm. Chlorine concentration shall be 50 to 100 ppm to portable food equipment and utensils.

CORRECTED ON SITE by remaking to 100 ppm chlorine.

A1 - A flat pan, stored in the cabinet, had food debris on it. Food equipment shall be clean.

CORRECTED ON SITE by placing in sink for cleaning

E5 - Children's sippy cups containing milk were stored at room temperature. Food requiring refrigeration shall be held at 41F or lower.

CORRECTED ON SITE by placing cups in refrigerator (milk was at room temperature for approximately one hour)

**BATHROOM**

A1 - The toilet adapter seat cover was torn. Adapter seats shall be free of breaks to allow effective cleaning.

A8 - The closet in the bathroom held chemicals. The door was not locked. Toxic items shall not be accessible to children.

CORRECTED ON SITE by discussion with owner and engaging the lock.

A1 - There was no chlorine detected in the sanitizer bottle in the bathroom. Chlorine shall be 100 to 200 ppm for clean-in-place sanitizers.

CORRECTED ON SITE by remaking solution.

F3c - Per owner, toilet adapter seats are cleaned and sanitized daily. Adapter seats shall be cleaned and sanitized after each use.

CORRECTED ON SITE by discussion with owner

L3 - The lids were open on the outside trash dumpster. Lids shall be kept closed at all times on outside trash receptacles.

CORRECTED ON SITE by closing lids

NOTE: desk approval will be given once proof of purchase of adapter seat is received at our office.

Email [rose.mier@sfchealth.org](mailto:rose.mier@sfchealth.org)

The above facility has been **inspected** 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

Rose Mier (573)431-1947 3/9/18

SIGNATURE OF CHILD CARE PROVIDER

DATE

Jeri Spivey 3/9/18