



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
SANITATION INSPECTION REPORT
FAMILY CHILD CARE HOME

Arrival Time 2:09 pm	CODES X = Non-Compliance Noted N.O. = Not Observed N.A. = Not Applicable * = Discussed requirements with provider IN = In Compliance
Departure Time 2:16pm	
Date 10/9/2108	

Initial Annual Reinspection Lead Special Circumstances _____ Pg. 1 of 2

NAME A Smart Start Daycare / Paula Chapman	DVN 000419998	COUNTY CODE 187
ADDRESS (Street, City, State, Zip Code) 905 Tyler Street, Park Hills, MO 63601	INSPECTOR'S NAME (Print) Rose Mier	

An inspection of the premises of your facility has been made on the above date. Any defects are marked below with an X.

A. GENERAL **E. FOOD PROTECTION**

1. Premises clean and free of unsanitary conditions.	1. Food from approved source and in sound condition; no excessively dented cans.
2. Premises free of environmental hazards observed	2. No use of home canned food. No unpasteurized milk.
3. No evidence of insects, spiders, rodents or pest harborage.	3. If meals are served, kitchens shall have adequate equipment to store and prepare food safely with a minimum of a stove or other cooking equipment sized to meet the needs of the facility; a two compartment sink with hot and cold running water; and a refrigerator.
4. Well ventilated, no evidence of mold, noxious or harmful odors.	4. 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.
5. Screens on windows and doors used for ventilation in good repair.	5. Precooked food reheated to 165°.
6. No indication of lead hazards.	6. Food requiring refrigeration stored at 41° F or below.
7. No toxic or dangerous plants accessible to children.	7. Refrigerator 41° F or below, accessible readable thermometer required. Foods in freezer frozen solid.
8. Medicines and other toxic agents not accessible to children and stored to prevent contamination of child contact items.	8. Metal stemmed thermometer reading 0° - 220° F in 2° increments for checking food temperatures. (Also use to check hot water temperature.)
9. All sinks equipped with mixing faucets or combination faucets with hot and cold running water under pressure.	9. Food, food related items, and utensils covered and stored to prevent contamination by pests, toxic agents, cleaning agents, water drain lines, medicines, dust, splash and other foods.
10. Hotwater temperature at sinks accessible to children - 100° - 120° F. Temp at time of Inspection _____ °F.	10. Food, toxic agents, cleaning agents not in their original containers properly labeled.
11. Pets free of disease communicable to man.	11. No food or food related items stored or prepared in diapering areas or bathrooms.
12. Pets living quarters clean, and well maintained.	12. Food stored in food grade containers only.
13. Reptiles are prohibited on the premises. Birds of the Parrot Family tested for Psittacosis.	13. Food thawed under refrigeration, 70° F running water, or microwave (if part of the cooking process).
14. Swimming/wading pools filtered, treated, tested and water quality records maintained. Meets local codes.	14. No animals in food preparation or food storage areas.
	15. No eating, drinking, and/or smoking during food preparation.
	16. Food served and not eaten shall not be re-served to children in care.

B. WATER SUPPLY (circle type)

COMMUNITY NON-COMMUNITY PRIVATE

HIGH HAZARD CROSS CONNECTIONS

PRIVATE SYSTEMS ONLY:

Constructed to prevent contamination. _____
Meets MDOH-SCCR requirements/meets local requirements _____

A. Bacteriological sample results. _____
B. Chemical (Prior SCCR Approval Needed) _____

C. SEWAGE (circle type)

COMMUNITY ON-SITE

DNR Regulated System - Type: _____
DOH Regulated System - Type: _____

1. Functioning properly at time of inspection. (circle)	Yes	No
2. Single-Family residence lot consisting of three acres or more. (circle)	Yes	No
3. Health hazard to children. (circle)	Yes	No

Meets MDOH-SCCR requirements/meets local requirements. _____

D. HYGIENE **F. CLEANING AND SANITIZING**

1. Care givers and children wash hands using soap, warm running water and sanitary hand drying methods.	1. Food utensils washed, rinsed and air dried.
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.	2. Single service items used only once.
3. An empty sink available in kitchen to wash hands during food preparation.	3. Food contact surfaces cleaned in place are washed, rinsed, and sanitized after each use with approved agents.
4. Hand sink with warm running water accessible at all times to wash hands after using bathroom and diapering.	4. Infant/toddler toys, washed, rinsed and air dried after contact with body fluids, when soiled or at least daily.
5. Personnel preparing food free of infection or illness.	5. Diapering surface and potty chairs washed, rinsed and sanitized after each use with approved agents.
	6. Test kits available to check proper concentration of sanitizing agents.
	7. Soiled laundry stored and handled in a manner which does not contaminate food and food related items and child contact items.

G. REFUSE DISPOSAL

1. Adequate number of containers.
2. Clean, nonabsorbent, insect and rodent proof.
3. Outside refuse containers covered at all times.
4. Inside containers covered when full or accessible to children.
5. Soiled diapers stored in solid, nonabsorbent container with tight fitting lid located in the diapering area.

FACILITY NAME:

A Smart Start Daycare / Paula Chapman

DVN:

000419998

DATE

10/9/2108

NOTES

All items noted on the September 20, 2018 annual inspection have been corrected.

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

Rae Mier

(573)431-1947

10/9/2108

SIGNATURE OF CHILD CARE PROVIDER

DATE

Paula Chapman

10/9/2108