



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

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|----------------------------------|--|
| Arrival Time 10:15am | CODES X = Non-Compliance Noted N.O. = Not Observed N.A. = Not Applicable * = Discussed and Agrees to comply with requirements |
| Departure Time 11:42am | |
| Date 11-15-21 | |

Initial Annual Reinspection Lead Special Circumstances _____

| | | |
|--|-------------------------|---------------------------|
| NAME 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) John Wiseman, 1507 |
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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**

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|---|--|
| 1. Premises clean and free of unsanitary conditions. <input checked="" type="checkbox"/> | 1. Food from approved source and in sound condition; no excessively dented cans. <input checked="" type="checkbox"/> |
| 2. Premises free of environmental hazards observed <input type="checkbox"/> | 2. No use of home canned food. No unpasteurized milk. <input type="checkbox"/> |
| 3. No evidence of insects, spiders, rodents or pest harborage. <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> |
| 4. Well ventilated, no evidence of mold, noxious or harmful odors. <input type="checkbox"/> | 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. <input type="checkbox"/> |
| 5. Screens on windows and doors used for ventilation in good repair. <input type="checkbox"/> | 5. Precooked food reheated to 165°. <input type="checkbox"/> |
| 6. No indication of lead hazards. <input type="checkbox"/> | 6. Food requiring refrigeration stored at 41° F or below. <input type="checkbox"/> |
| 7. No toxic or dangerous plants accessible to children. <input type="checkbox"/> | 7. Refrigerator 41° F or below, accessible readable thermometer required. Foods in freezer frozen solid. <input type="checkbox"/> |
| 8. Medicines and other toxic agents not accessible to children and stored to prevent contamination of child contact items. <input type="checkbox"/> | 8. Metal stemmed thermometer reading 0° - 220° F in 2° increments for checking food temperatures. (Also use to check hot water temperature.) <input type="checkbox"/> |
| 9. All sinks equipped with mixing faucets or combination faucets with hot and cold running water under pressure. <input type="checkbox"/> | 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. <input type="checkbox"/> |
| 10. Hotwater temperature at sinks accessible to children - 100° - 120° F. Temp at time of Inspection <u>109</u> °F. <input type="checkbox"/> | 10. Food, toxic agents, cleaning agents not in their original containers properly labeled. <input type="checkbox"/> |
| 11. Pets free of disease communicable to man. <input type="checkbox"/> | 11. No food or food related items stored or prepared in diapering areas or bathrooms. <input type="checkbox"/> |
| 12. Pets living quarters clean, and well maintained. <input type="checkbox"/> | 12. Food stored in food grade containers only. <input type="checkbox"/> |
| 13. Reptiles are prohibited on the premises. Birds of the Parrot Family tested for Psittacosis. <input type="checkbox"/> | 13. Food thawed under refrigeration, 70° F running water, or microwave (if part of the cooking process). <input type="checkbox"/> |
| 14. Swimming/wading pools filtered, treated, tested and water quality records maintained. Meets local codes. <input type="checkbox"/> | 14. No animals in food preparation or food storage areas. <input type="checkbox"/> |

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: _____

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|---|
| 1. Functioning properly at time of inspection. (circle) Yes No |
| 2. Single-Family residence lot consisting of (circle) three acres or more. 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. <input type="checkbox"/> | 1. Food utensils washed, rinsed and air dried. <input type="checkbox"/> |
| 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. <input type="checkbox"/> | 2. Single service items used only once. <input type="checkbox"/> |
| 3. An empty sink available in kitchen to wash hands during food preparation. <input type="checkbox"/> | 3. Food contact surfaces cleaned in place are washed, rinsed, and sanitized after each use with approved agents. <input type="checkbox"/> |
| 4. Hand sink with warm running water accessible at all times to wash hands after using bathroom and diapering. <input type="checkbox"/> | 4. Infant/toddler toys, washed, rinsed and air dried after contact with body fluids, when soiled or at least daily. <input type="checkbox"/> |
| 5. Personnel preparing food free of infection or illness. <input type="checkbox"/> | 5. Diapering surface and potty chairs washed, rinsed and sanitized after each use with approved agents. <input type="checkbox"/> |
| | 6. Test kits available to check proper concentration of sanitizing agents. <input type="checkbox"/> |
| | 7. Soiled laundry stored and handled in a manner which does not contaminate food and food related items and child contact items. <input type="checkbox"/> |

G. REFUSE DISPOSAL

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

Sanitation Inspection Report

FACILITY NAME:

Smart Start Daycare / Paula Chapman

DVN:

000419998

DATE

11-15-21

NOTES

Lunch:

Hotdogs = 197F

Milk = 34F

Yogurt cups

E1) Cartons of farm eggs were observed inside the kitchen refrigerator. Meats, poultry, and fish shall be purchased from an inspected facility.

A3) Mouse droppings were observed in the cabinet below the kitchen sink. There shall be no evidence of insects, spiders, rodents, or pest harborage.

A1) A few toys were observed on the floor between the oven and the refrigerator in the kitchen. The facility shall be free of unsanitary conditions.

A reinspection will be conducted on November 22, 2021.

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

SIGNATURE OF CHILD CARE PROVIDER

DATE

573-431-1947

11-15-21

11-15-21