



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

Arrival Time 11:20 a.m. p.m.
Departure Time 12:30 a.m. p.m.
DATE 5/21/21

CODES
X = Non-Compliances Noted
N.O. = Not Observed
N.A. = Not Applicable
* = Discussed requirements with provider

Initial Annual Reinspection Lead Special Circumstances

FACILITY NAME SHANNON CO. HEAD START	DVN 000750361	COUNTY CODE 203
ADDRESS (Street, City, State, Zip Code) 8120 Hwy 19 WINDONA, MO 65588	INSPECTOR'S NAME (Print) RON GASTON	

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

A. GENERAL	E. FOOD PROTECTION
1. Clean and free of unsanitary conditions.	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.
6. No indication of lead hazards.	6. Refrigerator 41° F or below, accessible readable thermometer required. Foods in freezer frozen solid. Temp at time of Inspection <u>35°/39°</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.	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. Temp at time of Inspection <u>106</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.	11. Food stored in food grade containers only.
12. Pets living quarters clean, and well maintained.	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.
14. Swimming/wading pools filtered, treated, tested and water quality records maintained. Meets local codes.	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 PRIVATE SYSTEMS ONLY	1. All items requiring sanitizing shall be washed, rinsed and sanitized with approved agents, methods, and concentrations.
1. Constructed to prevent contamination.	2. All utensils and toys air dried.
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. D. Diapering surface E. All toys that have had contact with body fluids.
C. SEWAGE (circle type)	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.
<input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> ON-SITE ON-SITE SYSTEMS ONLY	5. Walls, ceilings, and floors clean and in good repair. Cleaned and sanitized when contacted by body fluids.
1. DNR Regulated System: Type: _____	6. Appropriate test strips available and used to check proper concentration of sanitizing agents.
2. DHSS Regulated System: Type: _____ Meets DHSS-SCCR requirements.	7. Soiled laundry stored and handled in a manner which does not contaminate food, food related items and child contact items.
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.	

Sanitation Inspection Report

FACILITY NAME: SHANNON CO. H.A.

DVN: 000750361

DATE: 5/21/21

SECTION # OBSERVATIONS

* HANDOUTS: DISINFECTED IN DAYCARE, PREVENTING CROSS CONTAMINATION, CHECK LIST FOR INFANT/TODDLER SPACE

F3A (O) DISHWASHER ONLY SHOWING 164° MAX ON THERMOCOIL UNIT. STRIPS 160° - NOT TURNING AFTER 3X. (R) USING HEAT ALL FCS MUST REACH 160°F.

Re-Inspection 30 Days or Call when Ready

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

Ramona J. [Signature]

417 567-4131

5/21/21

[Redacted Signature]