



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

Arrival Time 11:30 am	CODES X = Non-Compliance Noted N.O. = Not Observed N.A. = Not Applicable * = Discussed requirements with provider IN = In Compliance
Departure Time 11:45 am	
Date 12/14/2020	

Initial Annual Reinspection Lead Special Circumstances Desk approval

NAME Heather Duvall	DVN 000911704	COUNTY CODE 157
ADDRESS (Street, City, State, Zip Code) 535 Friendly Valley Lane Perryville, MO 63775		INSPECTOR'S NAME (Print) Melanie Zernicke

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.	N.O.	1. Food from approved source and in sound condition; no excessively dented cans.	N.O.				
2. Premises free of environmental hazards observed.	N.O.	2. No use of home canned food. No unpasteurized milk.	N.O.				
3. No evidence of insects, spiders, rodents or pest harborage.	N.O.	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.	N.O.				
4. Well ventilated, no evidence of mold, noxious or harmful odors.	N.O.	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.	N.O.				
5. Screens on windows and doors used for ventilation in good repair.	N.O.	5. Precooked food reheated to 165°.	N.O.				
6. No indication of lead hazards.	N.O.	6. Food requiring refrigeration stored at 41° F or below.	N.O.				
7. No toxic or dangerous plants accessible to children.	N.O.	7. Refrigerator 41° F or below, accessible readable thermometer required. Foods in freezer frozen solid.	N.O.				
8. Medicines and other toxic agents not accessible to children and stored to prevent contamination of child contact items.	N.O.	8. Metal stemmed thermometer reading 0° - 220° F in 2" increments for checking food temperatures. (Also use to check hot water temperature.)	N.O.				
9. All sinks equipped with mixing faucets or combination faucets with hot and cold running water under pressure.	N.O.	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.	N.O.				
10. Hot water temperature at sinks accessible to children - 100° - 120° F. Temp at time of inspection _____° F.	N.O.	10. Food, toxic agents, cleaning agents not in their original containers properly labeled.	N.O.				
11. Pets free of disease communicable to man.	N.O.	11. No food or food related items stored or prepared in diapering areas or bathrooms.	N.O.				
12. Pets living quarters clean, and well maintained.	N.O.	12. Food stored in food grade containers only.	N.O.				
13. Reptiles are prohibited on the premises. Birds of the Parrot Family tested for Psittacosis.	N.O.	13. Food thawed under refrigeration, 70° F running water, or microwave (if part of the cooking process).	N.O.				
14. Swimming/wading pools filtered, treated, tested and water quality records maintained. Meets local codes.	N.O.	14. No animals in food preparation or food storage areas.	N.O.				
B. WATER SUPPLY (circle type)							
COMMUNITY	NON-COMMUNITY	PRIVATE					
HIGH HAZARD CROSS CONNECTIONS			N.O.				
PRIVATE SYSTEMS ONLY:							
Constructed to prevent contamination.			N.O.				
Meets MDOH-SCCR requirements/meets local requirements			IN				
A. Bacteriological sample results. 12/12/2020 - Absent for E. coli & Total Coliform Bacteria							
B. Chemical (Prior SCCR Approval Needed) N.A.							
C. SEWAGE (circle type)							
COMMUNITY	ON-SITE						
DNR Regulated System - Type: N.A.	N.O.						
DOH Regulated System - Type: Conventional on-site waste water system							
1. Functioning properly at time of inspection. (circle) Yes No	N.O.						
2. Single-Family residence lot consisting of (circle) Yes No three acres or more.							
3. Health hazard to children. (circle) Yes No							
Meets MDOH-SCCR requirements/meets local requirements.	N.O.						
D. HYGIENE							
1. Care givers and children wash hands using soap, warm running water and sanitary hand drying methods.	N.O.						
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.	N.O.						
3. An empty sink available in kitchen to wash hands during food preparation.	N.O.						
4. Hand sink with warm running water accessible at all times to wash hands after using bathroom and diapering.	N.O.						
5. Personnel preparing food free of infection or illness.	N.O.						
F. CLEANING AND SANITIZING							
1. Food utensils washed, rinsed and air dried.	N.O.						
2. Single service items used only once.	N.O.						
3. Food contact surfaces cleaned in place are washed, rinsed, and sanitized after each use with approved agents.	N.O.						
4. Infant/toddler toys, washed, rinsed and air dried after contact with body fluids, when soiled or at least daily.	N.O.						
5. Diapering surface and potty chairs washed, rinsed and sanitized after each use with approved agents.	N.O.						
6. Test kits available to check proper concentration of sanitizing agents.	N.O.						
7. Soiled laundry stored and handled in a manner which does not contaminate food and food related items and child contact items.	N.O.						
G. REFUSE DISPOSAL							
1. Adequate number of containers.	N.O.						
2. Clean, nonabsorbent, insect and rodent proof.	N.O.						
3. Outside refuse containers covered at all times.	N.O.						
4. Inside containers covered when full or accessible to children.	N.O.						
5. Soiled diapers stored in solid, nonabsorbent container with tight fitting lid located in the diapering area.	N.O.						

Family Child Care Home
Sanitation Inspection Report

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FACILITY NAME:

Heather Duvall

DVN:

000911704

DATE

12/14/2020

NOTES

*The purpose of this inspection is to verify the correction of item noted on the annual inspection conducted on 12/10/2020 for bacteriological water sample report results. The results of the water sample taken on 12/11/2020 that were received by the Missouri Department of Health and Senior Services State Public Health Lab on 12/12/2020 reported "Absent, Bacterially Safe" for Total Coliform Bacteria, and "Absent" for E. coli (see attached letter on page 3 and report on pages 4-5).

*At this time, all items noted are observed as corrected and facility does meet sanitary requirements.

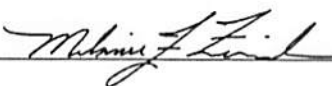
The above facility has been inspected and does does not conform with the sanitation requirements of the Missouri Department of Health and Senior Services Section for Child Care Regulation.

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



(573)547-6564 12/14/2020

SIGNATURE OF CHILD CARE PROVIDER

DATE

Desk Approval

12/14/2020

PERRY COUNTY HEALTH DEPARTMENT

406 N. Spring Street, Suite 1
Perryville, MO 63775
www.perrycountyhealth.com



Phone: 573-547-6564
Fax: 573-547-3908

December 14, 2020

Heather Duvall
535 Friendly Valley Lane
Perryville, MO 63775

Mrs. Duvall,

Enclosed is your copy of the Private Drinking Water Bacteriological Analysis which was collected on December 11, 2020 at your Childcare residence, located at 535 Friendly Lane, Perryville, MO 63775.

Results interpretations are based on U.S. Environmental Protection Agency standards and Missouri Department of Health and Senior Services guidelines for drinking water. As the laboratory results indicate, the bacteriological sample tested **satisfactory for drinking water purposes**. Total Coliform and E. coli are both absent; therefore, additional treatment is not necessary for your well at the present time.

If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Melanie F. Zernicke".

Melanie F. Zernicke
Environmental Public Health Specialist

cc:file



Collection Location child care bathroom	Collector and Phone zernicke, melanie	Client Reference	Accession # 440148
535 FRIENDLY VALLEY LN PERRYVILLE, MO 63775	Collected 2020-12-11 08:45	Received 2020-12-12 08:58	Project
Report To MELANIE ZERNICKE PERRY COUNTY HEALTH DEPARTMENT SUITE 1 406 N SPRING PERRYVILLE, MO 63775-1912	Sample Description SINK		Sample Type Drinking Water
	Sample Source		Sample Note(s)

ADDITIONAL SAMPLE INFORMATION

Bottle Number: 60204	Location Type: Child Care Facility
County: PERRY	Location Establishment Number: Not Provided
GPS Latitude: Not Provided	Construction Type: Drilled Well
GPS Longitude: Not Provided	Sewage Disposal: On-Site
Owner: DUVALL, HEATHER	Resample After Treatment: No
Owner Telephone Number: 573/547-9160	No Charge Justification: Head Start/Child Care Facility
Supply Type: Private Well - Single Home	

RESULTS OF ANALYSIS - FINAL REPORT

<u>TEST</u>	<u>RESULT</u>	<u>ANALYSIS NOTE(S)</u>
Total Coliform and E.coli Bacteria, 9223B-PA		1
Total Coliform Bacteria	Absent, Bacterially Safe	
E.coli	Absent	

SAMPLE AND ANALYSIS NOTES

1. Interpretation: If the total coliform result is "Present, Bacterially Unsafe" and/or the E. coli result is "Present", the sample is considered UNSATISFACTORY for drinking water purposes and you should consider disinfecting your well. Well disinfection instructions can be found at the Bureau of Environmental Epidemiology's website at 'health.mo.gov/private-drinking-water'. For further assistance, please call 573-751-6102.

If the total coliform result is "Absent, Bacterially Safe" and/or and E. coli tests are reported "Absent", the sample is considered SATISFACTORY for drinking water purposes.

Results interpretations are based on U.S. Environmental Protection Agency standards and Missouri Department of Health and Senior Services guidelines for bacteria in drinking water.

Method: SM 9223B Enzyme Substrate (Idexx Colilert 24-Hour PA - 100 ml sample) for Total Coliform and E. coli bacteria, Standard Methods for the Examination of Water and Wastewater, American Public Health Association, 21st ed., 2005.

ANALYSIS INFORMATION

<u>TEST</u>	<u>ANALYZED</u>	<u>SITE</u>	<u>RELEASED</u>	<u>ANALYSIS PREP</u>
1. Total Coliform and E.coli Bacteria, 9223B-PA	2020-12-12 09:21 JS	2	2020-12-14 10:54 DM	

SITE(S) PERFORMING TESTING

2 MSPHL, 101 N CHESTNUT STREET, PO BOX 570, JEFFERSON CITY, MO 65102; Phone 573/751-3334; Bill Whitmar, Laboratory Director



Collection Location	Collector	Client Reference	Accession #
child care bathroom	zernicke, melanie		440148

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory. If you have questions regarding results, please call the laboratory at 573-751-3334.