Introduction

The intent of the sanitation inspection guidelines is to help the caregiver understand the sanitation inspection process and reasons behind the sanitation requirements. Each sanitation requirement is designed to help the caregiver keep children healthy and safe. This guideline can be used as a reference before, during, and after your annual sanitation inspection.

These guidelines are organized in the same order as the Sanitation Inspection Report the inspector uses while visiting your facility. The sanitation requirement is found with the corresponding inspection report letter and number. Each sanitation requirement is followed by the applicable child care licensing rule number or rule governing food service sanitation number. A reason for the requirement follows. A general time frame for correcting a noncompliance is found at the end of each requirement.

The sanitation requirements are based on the following rules:

- **Licensing Rules for Group Child Care Homes and Child Care Centers**
  19 CSR 30-62.010-.230

- **Rules for License-Exempt Child Care Facilities**
  19 CSR 30-60.010 -.120

- **Missouri Food Code; Sanitation of Food Establishments (1999)**
  19 CSR 20-1.025

- **Individual Sewage Treatment Standards**
  19 CSR 23-1.010 to 23-31.000 (4), 10 CSR 20-8.023 (DNR), Chapter 701 RSMo 1986.
The following standards were used to develop the sanitation requirements:

Caring for Our Children Health and Safety Guidelines by the American Public Health Association and the American Academy of Pediatrics

Environmental Health Guidelines for Child Care by the National Environmental Health Association

**Inspection Report Requirements**

**Appendix 2**

**A. GENERAL**

1. **Clean and free of unsanitary conditions**
   [19 CSR 30-60.090 (1); 19 CSR 30-62.082 (1) (A) and (2) (A) 9]

   This section addresses general sanitation requirements that are not specifically stated elsewhere in the rules. Although not specifically mentioned, these are conditions that could impact the health and welfare of the children. It should be remembered that this is not a complete list and they are only examples of the most common issues that may be addressed under this requirement.

   - Children’s personal items must be stored properly to prevent contamination
   - Facilities must be kept clean throughout
   - Areas that are not necessarily child care space must be kept clean and neat
   - Animal feces must be removed from the play yard and other parts of facility
   - Children's bedding must be properly stored in order to avoid contamination
   - Excess litter and unused items must be cleared from the premises
   - Laundry rooms or air conditioning units may not drain into child care space
   - Peeling paint (not lead based) must be scraped and the debris removed
   - Any material used to repair cracks and tears on surfaces such as diapering surfaces or high chairs must leave the surface smooth and easy to be cleaned so as not to leave cracks, and collect dirt or germs. Duct tape is not approved to repair tears in diapering surfaces, high chairs or other areas of infant/toddler rooms. Duct tape cannot be used on food contact surfaces or toilet seats and potty chairs. Duct tape may be used on walls or as a seam adhesive on carpets for temporary repairs. The duct tape must be removed and repairs made before the next annual inspection.
   - Drinking cups and tooth brushes cannot be stored in the bathroom.
Items such as children’s toys, pacifiers, cups, and clean clothing may not be stored in the diapering area or bathroom.

Water play tables are to be maintained to prevent the spread of disease. Refer to Water Play Table Guidelines.

**Reason**
There are many conditions that can affect the health and welfare of the children, and even the caregivers. Areas that are not kept clean can also contribute to the spread of disease.

**Correction Time Frame**
Most of these issues can be corrected at the time of the inspection. Some conditions may be severe enough that the children’s health can be affected if corrections are not made immediately. The time frame for correction is at the discretion of the inspector and depends on the potential impact to children.

If an existing physical plant issue must be corrected the inspector and provider should arrive at a reasonable time frame for correction.

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### 2. No environmental hazards observed

[19 CSR 30-60.100 (1), (1) (D), (1) (F); 19 CSR 30-6.082 (1) (A) and (1) (I)]

This is a general requirement, and addresses environmental hazards such as asbestos, carbon monoxide, gasoline odors, and the misuse of pesticides.

**CCA Treated lumber on Play equipment and decks**

- Children shall wash their hands after contacting play equipment or decks constructed of this material.

**Reason**

CCA treated lumber contains arsenic. The protective coating on this type of lumber deteriorates and allows arsenic to leach out of the wood. Children that contact the lumber gets it on there hands. If they don’t wash there hands that can absorb the arsenic through their skin or ingest it when the put their hands to there mouths. There is no established safe exposure level determined for children.

**Correction Time Frame**

Upon notification.

**Asbestos**
Over time, deteriorating asbestos puts small fibers into the air that can harm the lungs of children and may eventually cause lung cancer.

♦ Facilities with deteriorating asbestos (pipes wrapped with insulation that is loose, floor tiles that are cracked and chipped, etc) must be removed by a person licensed to remove asbestos. This issue should be addressed as soon as it is detected with an acceptable plan of action within 30 days.

♦ Intact asbestos does not necessarily need to be removed, but will be monitored over the years for deterioration

♦ Before removal of any material that contains asbestos, and after the removal of deteriorating asbestos, the local inspector or BCC EPHS must be contacted

♦ Removal of asbestos by unlicensed individuals can cause asbestos to be released into the air and harm children

**Carbon Monoxide**

A colorless, odorless gas that is produced by all appliances that use gas. If carbon monoxide is vented into the building it can replace the oxygen in the body, and virtually suffocate a person.

♦ All fuel burning appliances must be properly vented

♦ If the source of the hazard is known and the appliance is being used, the caregiver must immediately correct the situation or evacuate the premises (known as imminent danger)

♦ The BCC Child Care Specialists must be contacted for resolution of the situation

♦ The local fire district or the State Fire Marshal must be contacted for assistance

**Gasoline Odor**

♦ If a gasoline odor is present in the water, the provider shall stop using it immediately and use bottled water until further notice

♦ The Bureau of Child Care EPHS III should be contacted for resolution of the situation

**Note:** If gasoline concentrations are high enough in the water, the gasoline can dissipate into the air and become an air quality issue or a fire hazard.

**Pesticides**

It must be remembered that pesticides not only affect insects but they also affect humans. Small children are particularly vulnerable to pesticides. Extreme caution should be used when dealing with pesticides. Even if pesticide use is of a preventive nature and licensed professional should be used.

When pesticides are used:
Appendix 2

♦ Manufacturer’s labeled instructions must be followed
♦ Pesticides must be used only after child care hours
♦ A professional pest control company is recommended
♦ Equipment and toys must be washed and rinsed after use of pesticides
♦ Pesticides for lice must be used according to manufacturer’s directions

Reason
Environmental hazards such as asbestos and pesticides can cause long lasting, if not life long, effects on the health and welfare of the children and the provider.

Correction Time Frame
In general, correction should be immediate. In the case of asbestos, an inspection by a licensed individual must be conducted within thirty (30) days of discovery. Discussion between the provider and inspector can finalize date correction time frame.

3. No evidence of insects, spiders, rodents or pest entry points or pest harborage.
[19 CSR 30-60.090 (1), 19 CSR 30-62.082 (2) (A) 9]

♦ Insects and rodents can enter through very small openings in the home. All openings to the outside shall be sealed. Even cracks in the door must be kept to a minimum.
♦ If pests are present, the premises of the facility should be checked for entry points the pests may use to enter. All openings to the outside shall be sealed.
♦ Large amounts of refuse and piles of building materials need to be eliminated, as they could become a hiding place for pests
♦ Areas where refuse is burned need to be kept clean
♦ If cockroaches, or other pests such as mice are an ongoing issue, a professional pest control operator must be used
♦ Chemicals and traps must be used with caution and not accessible to children

Reason
Pests such as mice, cockroaches and flies can contribute to the spread of disease and also cause harm to the children. Pests can spread disease by contaminating food, food contact surfaces and other child contact items such as toys and books.

Correction Time Frame
Any visible filth created by the pests should be cleaned up within one day. It will take some time for a professional to rid the premises of the problem. Complete correction is expected within 30 days of the date observed with follow-up inspections to occur to determine if the correction is long term.
4. Well-ventilated, no evidence of mold, noxious or harmful odors
19 CSR 30-60.090 (1); 19 CSR 30-62.082 (2) (A) 6

♦ This requirement is used when there is excessive moisture, odors or grease laden vapors in any parts of the facility including the bathrooms and kitchens.
♦ Mold, odors and grease laden vapors must be eliminated by proper ventilation, not by masking them with aerosol sprays.
♦ Any new facility seeking licensure after October 31, 1998 must have mechanical ventilation in the bathrooms.
♦ Mechanical ventilation is not required in existing facilities unless other methods do not resolve the ventilation problems.
♦ Kitchens may not have a build up of grease-laden vapors. But this requirement is not used to require mechanical ventilation equipment in the kitchen where none exists unless there is evidence that existing ventilation is inadequate.
♦ Mechanical ventilation may be required in facilities approved prior to October 31, 1998, if the present means of ventilation is not adequate to rid the facility of mold, odors or grease laden vapors.
♦ Screened windows and doors in good repair may be used as a means of ventilation for bathrooms and kitchens in existing facilities.

Reason
Molds can cause many upper respiratory ailments, and can cause asthma attacks. Some molds can cause severe respiratory illnesses. Since many diseases are airborne, poor ventilation will allow these airborne diseases to build up, and cause illness.

Correction Time Frame
Within 30 days of the observed defect.

5. Screens on windows and doors used for ventilation in good repair
[19 CSR 30-60.090 (1); 19 CSR 30-62.082 (2) (A) 2.]

♦ All windows and doors that are opened at any time must have screens. ♦ The screens must be in good repair to prevent the entrance of pests.

Reason
Flying insects such as flies carry germs that they transfer to food and utensils when they land on them.

Correction Time Frame
Within 30 days of the observed defect.
6. No indication of Lead Hazards
[19 CSR 30-60.100 (1) (F), 19 CSR 30-62.082 (2) (A) 6., 19 CSR 30-62.092 (1) (A), 19 CSR 30-62.092 (3) (A)]

♦ If a lead hazard evaluation suggests there may be a lead hazard in the facility a licensed risk assessor must conduct a lead risk assessment.
♦ Any facility located in a building built before 1978 must have a Basic Lead Hazard Evaluation conducted.
♦ Contact the BCC District EPHS III for assistance.
♦ If it is determined that lead is present in paint, dust, soil, toys, mini blinds, pottery, play ground equipment, etc., the hazard must be eliminated
♦ Temporary measures to protect the child from the lead hazards must be followed as outlined.
♦ A written plan of correction must be submitted to the local inspector, or the BCC EPHS.

♦ The plan of correction must address eliminating the lead hazard.
♦ The facility will be evaluated at each annual inspection to determine if the facility is lead safe.
♦ If a lead hazard is found on an initial inspection, the provider will not be licensed or approved until the lead hazard is eliminated.

Reason
Children can ingest lead by eating paint chips, or more commonly, from picking up dust laden with small particles of leaded paint. They can breathe the dust in or by getting the dust on their hands and then putting their hands into their mouth. Lead is distributed by the blood stream to red blood cells, soft tissue, and bone. It is eliminated from the body very slowly. Elevated levels of lead in the blood of children can cause slow development of the brain, and can delay growth. It can also contribute to Attention Deficit Disorder.

High blood lead levels in children causes vomiting, anemia, muscle pain, stunted growth patterns, and central nervous system damage.

Correction Time Frame
Immediate temporary actions must be implemented to reduce children’s exposure to lead hazards. A plan for correction must be developed within 30 days of notification regarding the results of the lead assessment. Permanent correction time frames depend on the severity of the hazard and the effectiveness of the temporary measures. Each situation must be evaluated on a case by case basis. What is appropriate in one situation will not necessarily work for another.

7. No toxic or dangerous plants accessible to children
[19 CSR 30-60.100 (1); 19 CSR 30-62.082 (6) (A) 4., 19 CSR 30-62.082 (1) (A) and (I)]
♦ Caregivers must be able to identify all plants in the child care space
♦ If the identity of a plant is not known, the children should not have access to the plant until the identity is known.
♦ If children have access to outdoor poisonous or dangerous plants an adult shall supervise the children at all times.
♦ **EXCEPTION:** If poison ivy or poison oak are present in the child care area they must be eliminated. If this situation is observed it is to be marked as a violation.

**Reason**
Poisoning by plants is the fourth leading cause of poisoning in young children. Many plants can cause extreme distress, illness, and death. Even the ever-present Philodendron is extremely harmful if ingested. The caregiver needs to be aware of the dangers and take precautions so children will not be harmed.

**Correction Time Frame**
No correction time frame is needed because the provider is completely responsible regarding the accessibility of poisonous or dangerous plants. In the case of poison ivy and poison oak, the provider must keep the children from accessing the plant until the plants are removed. The provider has 30 days to remove the plants.

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.**

[[19 CSR 30-60.100 (1) (D), 19 CSR 30-62.082 (1) (A) and (I)]]

♦ Toxic agents may not be stored over/with food items, food contact surfaces or children’s items.
♦ Medicines (family’s or children’s) must be kept separate from toxic chemicals
♦ Medicines to be stored in the refrigerator must be stored in a nonabsorbent container with a lid or in sealed bags
♦ Medicines may be stored in kitchen cabinets over food contact surfaces if in a spill proof nonabsorbent container with a lid or sealed bag.
♦ Toxic products must be stored behind child proof doors or in an area inaccessible to children

**Reason**
Children are particularly sensitive to toxic agents and medicines. A child that ingests even a small amount of one of these products can become very ill. Toxic agents and medicines must be stored so that if spilled, they will not spill onto food, food contact surfaces, or child contact items such as toys. Medicines shall not be stored on top of refrigerators unless they are in a nonabsorbent spill proof container with a lid because they can spill or leak onto foods when the refrigerator door opens and closes.
Medicines stored with other toxic products could be contaminated by these other products. If refrigerated, medicines not in containers or bags, could spill and contaminate the food items. Medicines and toxic products if spilled, can also contaminate utensils and dishware. The provider and the inspector should work together to determine where the best place is to store these items.

Correction Time Frame
In most instances these products can be removed from the area in question during the inspection. If not possible to be moved during the inspection, or containers need to be purchased, then correction should be made within 72 hours.

9. All sinks equipped with mixing faucets or combination faucets with hot and cold running water under pressure
[19 CSR 20-1.025 {5-202.11; 5-202.12}]

- This means there can be separate hot (minimum 100°F) and cold controls, but the water must be delivered for use through a common line
- Sinks with separate hot and cold running water faucets are prohibited

NOTE: Child care rules require 1 sink for every 20 children. If there is a capacity of 25 children the facility is required to have 2 hand washing sinks. The 1/20 ratio of sinks to children is not to be enforced by the local sanitation inspector. The above information applies to programs with large bathrooms (schools, hospitals and churches) where several sinks are available for use. For example, the facility may only be required to have two sinks but 5 sinks are in the bathroom. The local inspector should determine with the provider which sinks will be used by the children in care. Those sinks selected by the provider are the only sinks required to meet BCC sanitation requirements. If there are questions regarding the number of sinks required or which sinks should be approved, please contact the Child Care Specialist or District EPHS III.

NOTE: School age programs are required to have separate boys and girls bathrooms unless the capacity of the facility is 20 or less.

Reason
If sinks are not equipped with mixing faucets, the temperature of the water cannot be mixed to ensure the optimum temperature is used to wash hands and utensils.

Correction Time Frame
Existing facilities that have not been previously notified regarding this requirement will have up to the next annual inspection to correct this noncompliance. Facilities that have been notified, facilities doing renovation or new facilities must have this noncompliance corrected before approval is given.
10. Hot water temperature at sinks accessible to children

100°F-120°F

[19 CSR 30-60.100 (3)(B), 19 CSR 30-60.060 (1) (B), 19 CSR 30-62.082 (1)(B)]

**Note:** Programs operating in schools may be found in violation of the water
temperature requirements. The inspector should work with the administration of the
school or the custodial staff along with the person in charge of the program to
determine how the water can be maintained between 100° and 120°. Many times the
plumbing is installed at the sinks and minor repairs are needed. At other times a small
expenditure will make it possible to comply with this requirement. Each facility must
be evaluated in detail to determine the best method for compliance. If time is needed
before corrections can be made a plan of action from the person in charge is required.

♦ There is no situation where water above the maximum temperature will be
allowed.

♦ Water temperature may vary + or - 2°F. If the temperature is outside of that
range, corrections must be made.

**Reason**

Proper and timely hand washing helps to prevent disease. Hands are not properly
washed without warm water. Water at temperatures of over 120°F can cause serious
injury to the children. The range of 100-120°F will ensure that hands are properly
washed and that the children will not be burned by hot water.

The purpose of soap or detergent in the cleaning process is to loosen and remove dirt
and germs from the surface being cleaned. Hot water enables the soap to do the job
better. The hotter the water, the better soap is able to remove dirt and germs. Hot
water also cuts through grease and oils allowing soap to remove dirt and germs. Even
though the mixing faucet requirement helps the child to turn the water to a safe and
effective level, younger children often do not have the ability to mix the water properly.

Water temperatures over 120°F begin to damage skin. A child’s skin is more sensitive
and thinner than an adult's. Children’s reaction times are also much slower than adults.

**Correction Time Frames**

Water heaters must be turned down immediately when the water temperature is
discovered to be above 120°F. Temperatures under 100°F shall be corrected within
thirty (30) days of the date observed. Any facility in noncompliance with maximum
water temperatures for three consecutive inspections in one year (i.e. annual,
reinspection, and second reinspection) must install a BCC approved in-line hot water
tempering device. Also, any facility in noncompliance with maximum water
temperatures three consecutive annual inspections (i.e. in 1998, 1999, 2000 where on the first annual inspection the water temperature is found in noncompliance but found in compliance upon reinspection) must install a BCC approved in-line hot water tempering device to control temperatures. Anti scald devices that attach to the end of the faucet are not approved for this purpose.

11. Pets free of diseases communicable to man.
[19 CSR 30-60.070 (1) (I) (4); 19 CSR 40-62.082 (8) (A)]

♦ Pets must have all vaccinations required by local ordinance
♦ If symptoms of illness like diarrhea and watering eyes are observed, the provider must isolate the pet from the children until a veterinarian examines the pet

Reason
Animals can transmit several diseases to children and adults. The provider needs to insure their pets are healthy and have had all vaccinations.

Correction Time Frame
Ill pets must be isolated from children immediately upon discovery of an illness. Ill pets cannot have access to the child care space until a veterinarian's written statement determines the pet is not a risk to the children. Proof of compliance with local ordinances must be supplied within thirty (30) days of the date observed.

12. Pets living quarters clean, and well maintained
[19 CSR 30-60.090 (1), 19 CSR 30-62.082 (8) (C), (E)]

♦ Providers must keep animal cages and litter boxes clean
♦ Cages shall be easy to clean
♦ Providers must clean bird cages daily
♦ Providers shall not clean cages in hand or utensil washing sinks or sinks that are accessible to children
♦ Children shall not have access to litter boxes

Reason
The bodily waste of animals can carry disease. Clean animal quarters reduce the potential for the spread of disease. It is recommended that all animal cages be equipped with removable bottoms to aid cleaning. Washing animal quarters in utensil washing sinks or hand sinks contaminates the sink and could spread disease.

Correction Time Frame
Pet’s living quarters must be cleaned within 24 hours or removed from the premises.
13. Reptiles are prohibited on the premises. Birds of the Parrot Family tested for Psittacosis
[19 CSR 30-60.070 (1) (I) 4, 19 CSR 30-62.082 (8) (A)]

♦ Caregivers who have birds of the parrot family shall have them tested for psittacosis by the cloacal swab (culture) method.
♦ Birds new to the facility must be tested and determined free of psittacosis before it is allowed in the facility.
♦ Birds that have previously tested negative and have been exposed to other birds of the parrot family shall be retested.
♦ If the birds test positive for psittacosis, they shall be excluded until the test results are negative.

Reason
Reptiles may carry strains of salmonella (a lower stomach and bowel illness) that are not active and may become active at another time. Other reptiles may be infected with disease causing germs but are not showing any signs of illness. Testing reptiles for salmonella often does not indicate infection because the disease can lay dormant until the animal experiences stress. Children can become ill from the reptiles even if they don’t touch the reptile directly. They can pick up the germs by touching other objects that another person that handles the reptile touched.

Psittacosis (an upper respiratory disease) can be transmitted to humans from Parrots and can result in severe illness or death in immuno-suppressed individuals (the very young and the elderly): it is also an airborne illness. If an infected bird is in the same building, the disease can be transmitted to any of the building’s inhabitants through the air.

Correction Time Frame
Reptiles shall be removed from the facility and testing of Parrots must be completed within thirty (30) days of the notification date. Birds testing positive for Psittacosis shall be removed from the premises immediately, and remain removed until test results are negative.

14. Swimming/wading pools filtered, treated, tested, and water quality records maintained. Meets local codes
[19 CSR 30-60.100 (4) (F), 19 CSR 30-62.082 (7) (A), (B) and (C)]

♦ Providers must maintain water quality and proper chlorination
♦ Swimming and wading pools must have adequate filtration systems
♦ The pools must be clean
♦ It is the provider’s responsibility to ensure the water quality meets local or state standards at all times. Chemical tests must be conducted daily when in use. Logs shall be kept of water quality checks.
♦ Non-potty trained children must wear adequate protective clothing (swim diapers) to ensure that fecal contamination is prevented.
♦ Swimming and wading pools must meet the water quality standards in MDOH’s Guide for the Design and Operation of Public Swimming Pools and any local code that applies.

Reason
Improperly maintained water quality in swimming and wading pools can lead to the spread of disease. Disease causing germs can survive in water that does not have the appropriate chlorine levels. It is important to maintain the proper chlorine levels because chlorine kills many disease causing germs. Other diseases, such as giardia, are not killed by chlorine. These germs are filtered out by the filtration system.

Correction Time Frame
No swimming pool or wading pool can be used without a filtration system. Use of the swimming pool and wading pool without a filtration system must be discontinued upon notification. Water quality is to be maintained at all times. Swimming Pools with low chlorine levels cannot be used until chlorine levels are within standards.

15. A minimum of 18” separation between drinking fountains and hand sinks. 19 CSR 62.052 (1) (B), 19 CSR 40-60.090 (1)
• Drinking fountains and hand washing sinks must have a separation of at least 18”
• It is measured from the nearest outside rim of the sink to the spigot of the drinking fountain.
• No combination hand washing/drinking fountains are permitted unless they meet the 18” separation requirement.
• Drinking fountains cannot be installed in bathrooms.

Reason: Drinking fountains can be contaminated by germs that cause illness if hands are washed near the drinking fountain and splashing occurs.

Correction Time Frame
Existing Facilities that already have this type of arrangement have 1 year from the date of written notice to comply with this requirement.


High hazard cross connections are prohibited.
Examples:
♦ A garden hose connected to a chemical dispensing aspirator
♦ A mop sink with hoses attached to fill mop buckets
♦ An ice machine drain line with a solid connection to a waste water line
♦ A copper supply line delivering carbonated water that is connected to a potable water supply line
♦ A potable water supply connected to a boiler using chemicals
♦ Providers must comply with local codes concerning cross connections
Examples of non-high hazard cross connections:
♦ A sink or bath tub faucet that extends below the flood rim of the sink or bath tub
♦ A kitchen sink spray nozzle below the flood rim of the sink
♦ Any threaded faucet to which a hose can attach
B. WATER SUPPLY

Community Water Supply, Non-community or Private (circle type of system) [19 CSR 30-60.090 (6) (A) and (B), 19 CSR 30-62.202 (1) (H)]

Water supplies must meet the requirements as defined by DNR in 10 CSR 23-1.030 (1) (A) and (B), (4), and (7). The local inspector is not required to submit water samples for community water supplies since official bacteriological samples are taken routinely by representatives of DNR.

Private Water Supplies

1. Constructed to Prevent Contamination

   • The above ground construction of a private water well shall be constructed in a manner that surface water or condensation cannot enter the well. Existing well casings should extend far enough above ground to prevent water entering the well in case of flooding. The surrounding area should be assessed to determine if the well casing is far enough above ground to prevent entry of flood waters. The sanitary seal should be free of openings and the well should be vented in compliance with DNR above ground construction standards.

   • A private water well being used by children in an operating child care facility shall be sampled for bacteriological quality regardless of compliance with above ground construction standards. The well shall be sampled and the provider notified in writing as to the construction corrections needed to meet requirements. The water shall not be approved for use until the water well construction meets above ground construction requirements and the water is determined safe.

New private water wells shall meet the above ground construction requirements per 10 CSR 23-3.030 and must have a new wells series water test taken to test for any chemical contamination. If the new water well is for a proposed facility not in operation, compliance with DNR above ground construction regulations is required before a water sample is taken.

2. Meets MDHSS-BCC Requirements/Meets Local Requirements

   A. Bacteriological:

   Policies:
• All private and non-community water supplies shall be sampled for bacteriological quality at each annual inspection. If non-community sample results are unsafe, contact the BCC EPHS for consultation with the appropriate DNR regional office.

• A safe bacteriological water sample with a laboratory result of coliform absent is required before the water supply can be approved for use in a child care facility.

• Water samples indicating contamination requires two (2) safe water samples after disinfection* (see note) before the water supply can be approved.

• The inspector shall test for chlorine residual after disinfection, before the water sample is taken.

• Water samples shall be taken no sooner than five (5) days after disinfection. The second water sample shall be taken at least five (5) days from the first.

• If water sampling indicates bacterial contamination after two (2) disinfections or for three successive annual inspections the provider is required to correct the situation with one of the following options:
  1. Chlorinators: Positive feed chlorinators may be installed on all water supplies that cannot meet bacteriological standards after two (2) disinfections. There shall be a 30 minute retention time for water treated with chlorine. The water shall have a free chlorine level of .5 to 1.5 ppm
  2. Well casing liners: May be installed in order to eliminate subsurface contamination. The provider must be advised that installation of the liner may not solve the unsafe water quality issue.
  3. Drill a new well: The new well shall be drilled in compliance with all DNR specifications.
  4. Connect to a public water supply monitored by DNR

• *Note: Disinfection is the term used to rid the water well of bacterial contamination. For most drilled wells, the disinfection process involves putting at least 1 gallon of household bleach into the well and circulating it through the entire water system. The water cannot be consumed during this process. The bleach is then flushed from the system and the water is tested again. For other types of water supplies such as cisterns, dug wells and bored wells consult with your inspector for chlorine quantities. They will vary depending on the volume of water.

• Bottled Water may be used temporarily if an existing facility has a water supply that is unsafe (i.e. bacterial contamination, boil order). If bottled water can be used for no more than thirty (30) days. The provider must have 3 liters per day per child on hand to be approved to use bottled water. Water supply issues that cannot be corrected within this time frame cannot be approved for use in the child care
facility. Consult with the BCC EPHS III for further details and conditions. Refer to the “Boil Water Order” handout for further information. Permanent use of bottled water is not an option.

B. Chemical Water Samples

**Nitrates:** All domestic, non-community or multiple family water supplies licensed or approved for children age 24 months and under shall have at least one nitrate sample taken. Any water supply having a nitrate level above 10 ppm shall not be approved for use in the child care facility. Any of the above water supplies having a nitrate level of 5 ppm to 10 ppm shall be sampled at each annual inspection to monitor any increases due to environmental changes.

**Other Chemical Samples:** Water sampling for other contaminants such as lead and gasoline shall occur on an as needed basis with the approval of the BCC EPHS III and the Missouri State Public Laboratory.

**Reason**
Contaminated water can lead to disease or poisoning. Therefore, all water supplies must be protected from possible contamination.

**NOTE:** Sanitation inspection reports cannot be marked approved if results of a water sample are pending. The inspection should be marked “does not meet” with the notation that results of a water sample are pending. When the inspector receives the results of the sample and it is satisfactory, the inspector completes an office approval. Indicate the facility is approved based on satisfactory water sample results. Send copies to the BCC and provider if the water sample was the only unresolved issue. If the water sample result is unsatisfactory notify the provider and instruct them to disinfect the well.

**Correction Time Frame**
Contaminated water (whether bacterial or chemical) cannot be consumed by children or used for food preparation. New facilities’ private water systems must be inspected, tested and approved by the inspector before the license can be issued. Existing facilities with private wells are permitted to use bottled water for no more than thirty (30) days. Facilities with a public water supply under a boil water order may use bottled water in place of boiling water. Please refer to the “Boil Water Order” handout for further details.

C. SEWAGE
COMMUNITY

Community systems are central collection sewage disposal systems operated by local authorities and private companies. The Missouri Department of Natural Resources (MDNR) regulates these systems. Community sewage disposal systems pipe the wastewater to an off-site location for treatment. Examples of these systems are large city sewage treatment plants, 3-celled lagoons, and aeration plants for small cities or subdivisions.

Any sewage disposal system with surfacing or improperly treated sewage that is accessible to the children is prohibited. If the problem is blocked waste water drain lines on the child care property, the lines shall be repaired immediately. Broken or clogged lines leading to main sewage lines should be reported to the local authorities. Temporary emergency procedures shall be implemented if the malfunctioning lines create a hazard to the children. To implement emergency procedures, contact your BCC District EPHS.

ON-SITE

Two categories of on-site systems exist-- those regulated by MDNR and systems regulated by the Missouri Department of Health and Senior Services (MDHSS).

1. On-site Sewage Systems Regulated by MDNR:

The following are examples of on-site sewage disposal systems regulated by MDNR (note that this list is not all-inclusive):

- Group homes or centers that use a lagoon as a sewage disposal system.
- Lagoons shared by more than one home or building.
- Subsurface absorption systems with a daily flow of more than three thousand gallons.
- Discharging sand filters.

These systems must have an operating permit issued by MDNR. If the owner/operator does not have a valid permit, or if major deficiencies of the system are observed at the time of the inspection, mark this section out of compliance and note on the inspection form that MDNR will evaluate the sewage system. Then complete the sanitation inspection to determine compliance with the remaining sanitation requirements. Contact the BCC District EPHS as soon as possible to discuss the situation. It may be that a variance or short-term license can be granted if the system does not present a hazard to the children in care. The BCC District EPHS III will notify the appropriate MDNR Regional office for evaluation of the septic system.

On-site Sewage Systems Regulated by MDHSS:
• Subsurface absorption systems with a daily flow of three thousand gallons or less.

• Subsurface absorption systems must be constructed properly and functioning properly.

3. Meets local requirements.

All non-discharging on-site sewage systems must comply with all applicable local codes. If the system is regulated under local codes, mark an "X" in this section if the system does not comply.

Reason
Malfunctioning septic systems can spread disease and are a hazard to the children in care. Sewage, if not treated and properly contained, can contaminate drinking water supplies. Pets may track through the sewage and then jump up on the children. If close to the area, malfunctioning sewage systems can contaminate play equipment such as balls.

Correction Time Frames
Facilities with plumbing that is nonfunctional in the house cannot operate. Facilities that have sewage surfacing in or around the play area cannot let the children play in the area and must have the system fixed within thirty (30) days. Systems that do not pose a direct hazard to the children may have several months to repair the system. Correction time frame depends on the time of year and the condition of the soil. Time variances or short term licenses can be granted if a plan of action is approved by the local inspector and the BCC District EPHS III. Temporary safety measures may be required to reduce exposure to children or children’s items until system is repaired. Variance requests to allow systems to permanently malfunction will not be approved.

D. HYGIENE

1. Caregivers and children wash hands using soap, warm running water, and sanitary hand drying methods

[19 CSR 30-60.060 (1) (B), 19 CSR 30-62.192 (6) (A) and (B)]

♦ Soap and paper towels shall be furnished at the hand sinks
♦ Soap and paper towels must be accessible to the children at all times
♦ Paper towels shall be stored and dispensed in a manner that protects them from splash contamination. A wall-mounted dispenser is recommended but not required.
♦ Kitchen wiping cloths shall not be used to dry hands
♦ Hand sinks must always be provided with hot water
Reason
Proper hand washing techniques help prevent disease. Germs are not killed by hand washing. The germs are flushed away. While the soap lifts the germs from hands, the warm water flushes them away. Scrubbing for 15 to 20 seconds is effective. Scrub between fingers and over back of the hands and wrists. The more soap you use the better, and the longer you scrub, the better. Turn the water off using a paper towel.

Using cloth towels more than once for hand drying, will re-contaminate hands. Paper towels help to prevent the hands from becoming contaminated after the hands are washed.

Correction Time Frame
Soap, running water, and paper towels should be on hand at all times. Correction should be made at time of inspection. Repairing water heaters or water lines to hand sinks, must be done within thirty (30) days, of the date observed.

2. Caregivers and children wash hands BEFORE: preparing, serving, eating food; glove use. AFTER: toileting, diapering, assisting with toileting, nose blowing, handling raw food, glove use, cleaning and sanitizing, outdoor play, handling animals, smoking and as necessary.
[19 CSR 30-60.060 (1) (B), 19 CSR 30-62.192 (6) (A) and (B)]

♦ The caregiver must wash hands whenever there is a change of activity
♦ Allow 15 to 20 seconds for proper hand washing
♦ The children must be taught to wash their hands properly and when to wash their hands
♦ The caregiver and children need to turn off the faucets with a paper towel
♦ If the caregiver uses plastic gloves during diapering, they must discard the used gloves after each child is diapered and wash their hands
♦ After being diapered, the child’s hands must be cleaned
♦ The caregiver must wash their hands after each diapering
♦ Disinfectant gels may not be used in place of hand washing except during outdoor play and on field trips when running water is not available.

♦ A hand sink with warm running water must be immediately accessible (within 8 feet) to the diapering surface. In new facilities or facilities being remodeled, providers shall not go through a door in order to wash their hands after diapering or while preparing food.

♦ In an existing facility, if the provider has been previously approved to go through a doorway to wash their hands and is observed not to wash their hands, they will be required to install a sink that does not require going through a doorway.
Reason
Frequent and proper hand washing is the single most important act a caregiver can do to protect the health of the children in care. Hand washing prevents the spread of disease. It is critical that the inspector observe hand washing practices and discuss proper techniques with the provider during the inspection. The inspector should ensure the provider understands the importance of scrubbing the hands with soap and warm running water and using sanitary hand drying methods. If the caregiver does not wash their hands properly after diapering, diseases such as shigella, and Hepatitis A may be passed through food, drink, other objects or through direct contact. Use of excessive jewelry and long fingernails can also lead to the spread of disease. It is hard to clean under nails and jewelry and disease causing germs are not removed when hands are washed.

Young children often do not show the symptoms of disease but could still pass the disease through their (stool) feces without anyone knowing. Raw foods are often contaminated with disease causing germs. If the caregiver does not wash the hands after handling these foods, the germs could be passed to cooked foods.

Reason
Hand washing facilities must be installed in a location that is close and convenient to be used when needed. Doors are barriers to timely hand washing. A provider is unlikely to go through a door to wash their hands; therefore new facilities shall not install hand washing sinks so that they go through it in order to wash hands.

Correction Time Frame
Proper hand washing shall be done at all times. A reinspection may be made at the discretion of the inspector to insure that hands are washed properly and in a timely fashion. Any special circumstance inspection will be done with the approval of the BCC EPHS.

4. Personnel preparing/serving food free of infection or illness. [10 CSR 30-60.060 (1) (C), 19 CSR 62.122 (1) (G), 19 CSR 20-1.025 (2-201.12 (A))]

- Caregivers with diarrheal illnesses shall not prepare or serve food for the children
- Caregivers with areas of infection or cuts and scrapes on the hands shall wear protective gloves or be prohibited from preparing and serving food

Reason
Germs such as E.Coli naturally occur in the stomach and bowels of humans. If passed through the stool (feces) to food, illness can occur. Other types of germs are present in open wounds and cuts and can be passed to the food causing illness. Employees with mild colds may prepare food if strict hand washing and sanitation practices are done.
Correction Time Frames
Any ill employee should not be allowed to prepare food at any time. The employee should be given duties that will eliminate the possibility of food being contaminated or should be sent home. Since caregivers also have close contact with children it is recommended that they not come in contact with children when ill.
E. FOOD PROTECTION

*19 CSR 62.082 (5) (D) refers all food related requirements to the applicable sections of the 1999 Missouri Food Code and applies to licensed Child Care Centers and Group Child Care Homes. 19 CSR 60.090 pertains to food handling in license-exempt facilities.

1. Food from an approved source and in sound condition; no excessively dented cans

[19 CSR 30-60.090 (9), (C), (D), 19 CSR 19 CSR 20-1.025 {3-101.11; 3-201.11; 3-202.15; 3-501.17}]

♦ Fresh fruits and vegetables must be washed and stored properly
♦ Eggs must be purchased from a retail store with a valid egg license (e.g. grocery store)
♦ Meats, poultry and fish shall be purchased from an inspected facility

Reason
Food must be protected at every step of the process. If foods are purchased from an unapproved source, the caregiver cannot be assured that the food has been handled properly. Excessively dented cans can produce botulism if the seal has been broken.

Correction Time Frame
Any food that is not from an approved source or is not edible because it is souring or rotting shall be discarded immediately.

2. No use of home canned food. No unpasteurized milk

[19 CSR 30-60.090 (8) (B), 19 CSR 20-1.025 {3-201.12; 3-201.13; 3-202.14 (B)}]

♦ Home canned foods no matter who prepared them are prohibited
♦ The caregiver may serve only pasteurized milk to the children
♦ The caregiver may serve only pasteurized juices to the children.

Note: Most fruit juices currently used in child care facilities are pasteurized. The USDA requires products that are not pasteurized to be labeled as such. Please read all labels of juices purchased to determine if the product is pasteurized.

Reason
Illnesses such as botulism have been associated with home canned foods. Home canning may not seal the foods tightly. Unpasteurized milk has also been associated with illness. Recently, unpasteurized juices have been associated with illness.
Correction Time Frames
The practice of serving home canned foods; unpasteurized milk and unpasteurized
juices to the children in care shall stop as soon as the inspector makes notification on
the inspection report.

3. Ground beef cooked to 155°F, poultry and pooled eggs cooked to 165°F,
pork to 145°F, and all other foods cooked to at least 140°F. All hot food
stored at 140°F or above
[19 CSR 20-1.025{3-401.11 (A); 3-501.16 (A)}]
♦ Caregivers shall insure that these temperatures are maintained.

Note: Children can be harmed by food that is too hot. Potentially
hazardous foods reaching the required temperatures and served within thirty
(30) minutes of preparation, can be allowed to cool.

Reason
Certain types of potentially hazardous foods have harmful germs that are unique to
them; as in the case of ground beef. This germ is E. Coli. Different temperatures will
affect each type of germ differently. Each of the temperatures mentioned above are
the minimums required to kill the harmful germs present in each type of potentially
hazardous foods. By maintaining these temperatures at all times, the risk of food borne
illness is reduced.

Correction Time Frames
Upon notification by the inspector.

4. Precooked food reheated to 165°F.
[19 CSR 30-60.090 (9) (J); 19 CSR 20-1.025 {3-403.11}]
♦ Potentially hazardous food prepared, cooled for consumption later must be reheated to at
least 165°F.

Reason
Harmful germs may have grown in numbers during the cooling and storage times.

Temperatures of 165°F. insure that these germs are killed.

Correction Time Frames
Upon notification of the inspector.
5. Food requiring refrigeration stored at 41° F. or below

[19 CSR 30-60.090 (9) (J); 19 CSR 20-1.025 {3-501.16 (B)}, 19 CSR 30-61.190 (1) (I)]

Reason
An increasing number of germs can grow to numbers that cause disease at temperatures of around 45° F. Potentially hazardous foods stored at 41° F or below ensure that disease-causing germs will not grow to numbers that will cause a food borne illness. This requirement has to do with food that must be kept below 41° F and is not in a refrigerator. Examples would be catered food, or when the provider serves lunch while on a field trip. Cold food must be maintained at a temperature at or below the requirement.

Potentially Hazardous Food not under temperature controls shall be consumed within 4 hrs.

Correction Time Frame
Any cold food stored at temperatures above 41° F shall not be served to the children in care.

6. Refrigerator temperatures at 41° F or below, accessible readable thermometer required. Foods in freezers frozen solid

[19 CSR 30-60.090 (5) (H) and (I); 19 CSR 20-1.025 {3-501.16 (B); 4-204.112; 4-203.12; 3-501.11}]

♦ A thermometer accurate within a plus or minus 3° F.
♦ It shall be numerically-scaled
♦ It must be placed where it can be read at all times
♦ The refrigerator shall not be overcrowded nor have paper or foil placed on the shelves
♦ The refrigerator cooling coils shall be kept clean

Reason
A thermometer placed in the refrigerator will indicate if the refrigerator is properly cooling. An overcrowded refrigerator, or one with aluminum foil or paper placed on the shelves, will not allow air to flow properly, and hot foods will not cool quickly to the appropriate temperatures. If the coils are not kept clean, the refrigerator has to work harder to maintain temperatures. Although the requirement for the freezer is only to
have food frozen solid, it is recommended that the freezer temperature be kept at 0°F. This temperature will ensure the quality of the food will last longer.

Correction Time Frames
The correction time frame depends on how far the actual refrigerator temperature is from the requirement. Temperatures more than 5°F (degrees) above the requirement shall be corrected immediately. Temperatures 5°F or less are an indication that the refrigerator is overloaded, in need of some type of maintenance or on the verge of breaking down. Temperatures within this range must be corrected within thirty (30) days or before the due date.

7. Metal stemmed thermometer reading 0 - 220°F in 2°F increments for checking food temperatures

[19 CSR 30-60.090 (5) (J); 19 CSR 20-1.025 {4-302.12}]

♦ Caregivers must use the thermometer to check hot and cold foods during preparation to ensure that proper temperatures have been reached, and during storage to ensure that temperatures are being maintained
♦ Meat thermometers shall not be used to check food temperatures

Reason
As meat thermometers do not register temperatures of 41°F or below, caregivers would not be able to check the temperatures of cold foods. In addition, meat thermometers are not usually accurate within plus or minus 2°F. The stem of the thermometer must be metal so that glass and mercury will not contaminate food if broken. The thermometer must be cleaned prior to and after each use for checking food temperatures.

Correction Time Frame
0Thermometers must be obtained within thirty (30) days or before the due date. The provider may send proof of purchase to the local inspector instead of a re-inspection being made.

8. Food and 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.

[19 CSR 30-60.090 (9) (G); 19 CSR 20-1.025 {3-301; 3-302; 3-303; 3-304; 3-305; 3-306; 3-307}]

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Foods shall be stored in air tight containers

Foods and food related items shall be stored above or protected from medicines, toxic products and cleaning products

Food and food related items (e.g. utensils, pots and pans, single service items) shall not be stored under water lines, drain lines, sewage lines or under kitchen sinks

Food containers must be stored off the floor

Cooked foods or foods needing no further preparation shall not be stored under raw foods such as meats.

Foods needing no further cooking shall not be handled with bare hands. Utensils shall be stored so that the handles are presented to the user.

NOTE: Recently the FDA and the Missouri Department of Health and Senior Services made rule changes regarding the handling of ready to eat foods. The new requirement does not allow bare-hand contact of ready to eat foods. Tongs or other utensils, deli paper or food service gloves are options that can be used to meet this requirement.

The intent of this requirement is to prevent food being contaminated by a food service worker with poor hygiene. A snack served to ONE child, such as a cracker, will not be considered a violation if bare hand contact is made. If a snack is being served to a group of children (more than one) the no bare hand contact requirement is in effect.

Use of Gloves.
When considering options to fulfill the no bare hand contact of ready to eat food, other options such as tongs or the use of deli paper should be encouraged. If gloves are used the inspector must ensure that they are used appropriately and used for a single purpose. Gloves must be discarded and hands washed after each change of task or break in the food preparation process. The provider shall be reminded that glove use is not fool proof. Gloves may have microscopic holes in them that allow germs to penetrate them and spread disease. Use of gloves does not replace hand washing. Hands must be washed before putting gloves on and immediately after taking them off. Changing gloves often is necessary in the prevention of disease. Caution must also be used in choosing the material gloves are made from. Latex gloves often cause rashes or allergic reactions in adults and children.

Reason
Food products must be protected from possible contamination. If raw meats are stored above cooked food products, blood could spill over onto the cooked foods and contaminate them with harmful germs. Food products packaged in cardboard or light plastic and stored on the floor; could be contaminated by mice or other pests. Food preparation utensils could also be contaminated if not stored properly. The inspector and provider should work together in order to choose the appropriate place to store these items.

Correction Time Frame
Food found to be contaminated shall not be served to the children in care. Most storage/contamination issues can be resolved at the time of notification.

9. **Food, toxic agents, cleaning agents, and medicines not in their original containers properly labeled**

[19 CSR 20-1.025 {3-602.11; 7-101.11; 7-102.11; 7-201.11}, 19 CSR 30061.090 (1)]

♦ All food containers, cleaning and toxic products, and medicines must be clearly labeled as to the contents if not easily recognizable.

**Reason**
Many food products such as salt and sugar appear the same. Also many cleaning products, toxic products and medicines look like water. Some food items have an unmistakable identity such as macaroni, rice and do not need to be labeled.

**Correction Time Frame**
Corrected at time of inspection.

10. **No food stored or prepared in diapering areas or bathrooms**

[19 CSR 30-60.090 (1); 19 CSR 30-62.182 (E) 7; 19 CSR 20-1.025 {3-304.11; 3-305.12}]

♦ Caregivers shall prepare food in areas separate from diapering areas or the bathroom.
♦ Soiled diapers may not be stored in the kitchen.
♦
♦ (Staff shall clean and sanitize the bathroom daily)

**Note:** clean clothing may be stored accessible to the provider when changing diapers but cannot be stored on the diapering surface or in a manner that allows contamination.

**Reason**
Contamination from airborne disease organisms or surfaces with trace amounts of feces can contaminate food and food related items if stored or prepared in close proximity to diapering areas or bathrooms.

**Correction Time Frames**
At the time of inspection.
11. Food stored in food grade containers only.

[19 CSR 30-60.090 (F) and (G); 19 CSR 20-1.025 (2-401.11)]

Food grade containers are made of safe materials that will not deteriorate from normal washing, and use. They do not let chemical compounds from the container migrate into foods. Any food container with the National Sanitation Foundation (NSF) seal on it can be used. Other containers can be re-used if they are made of a durable material and withstand the washing process without deteriorating. Cool Whip containers, plastic ice cream containers, butter tubs and other such durable food containers are examples. They can be used to store food if they remain in good condition and are not pitted, scratched, cracked or in deteriorating condition. Aluminum pie tins and bread wrappers may not be reused. Only microwave safe containers may be used to heat foods in a microwave.

Reason

Some containers are made of materials that are not stable. Chemicals can migrate into the food and are then ingested by the children and cause adverse health affects. Other containers get scratches and become pitted or cracked. When this happens the food debris remains in the cracks and pits and cannot be cleaned properly. These containers must be discarded when not in good condition.

Correction Time Frames

All containers not suitable for the storage of food must not be used. The container and its contents must be discarded at the time of notification.

12. Food thawed under refrigeration, below 70°F running water, or in a microwave if part of the cooking process.

[19 CSR 30-60.090 (9) (I); 19 CSR 20-1.025 (3-501.13)]

NOTE: When food is thawed in the refrigerator, advanced planning is needed in order to thaw the food in a timely manner. When running water is used, there must be enough water velocity to agitate and float off loose food particles into the overflow. Microwaves can be used for thawing if the thawing process is part of the continuous cooking process in the microwave or a conventional oven.

Reason

Temperatures below 41°F slows the growth of disease causing germs. The practice of thawing food at room temperature allows disease causing organisms to grow to numbers that can cause illness. It is critical that providers use 1 of the 3 accepted methods for thawing frozen food.
CORRECTION TIME FRAMES
Any food found to be improperly thawed, cannot be served to the children.

13. No animals in the food preparation or storage areas:
[19 CSR 30-60.070 (1) (I) 4.; 19 CSR 30-62.182 (8) (D); 19 CSR 20-1.025 {6.501.115}]

Reason
Animals in the food preparation area increase the risk that food can be contaminated with filth and disease causing germs.

CORRECTION TIME FRAMES
At the time of inspection.

14. No eating, drinking and/or smoking during food preparation
[19 CSR 20-1.025{2-401.11}]

♦ These activities shall not be done while the provider is preparing food for the children.
♦ Caregivers must wash their hands after doing these activities

Note: Using cups with straws and tight fitting lids is allowed

Reason
The hand to mouth action of eating, drinking, or smoking increases the risk that food can become contaminated by harmful germs from the mouth of the caregiver. Food also could become contaminated by ashes from the cigarette. The caregiver needs to be careful not to handle the straw frequently, especially the area where the mouth has been.

Correction Time Frame At time of inspection.

15. Food served and not eaten shall not be re-served to the children in care
[19 CSR 30-60.090 (9) (H), 19 CSR 20-1.025 {3-306.14}]

♦ Food served family style (placed on the table) and not eaten shall not be reserved to the children
♦ If milk is served in a pitcher and left on the table, it must be thrown away.
♦ Any uncovered foods on the table (e.g. margarine, etc) may not be served again to the children
Note: Food prepared and not served (not placed on the table) to the children may be served at a later time if time and temperature requirements are maintained.

Reason
Foods served family style have a high risk of contamination from the children. Also while sitting out, food is not being kept at the proper temperature allowing potential growth of disease causing germs.

Correction Time Frames At time of inspection.

16. Refrigerated Potentially Hazardous Foods properly marked with 7- day discard date after opening or preparation.

- If refrigerated potentially hazardous food has been opened or has been cooked and cooled and is not dated with the consume by date, it cannot be served to the children.

Reason
If given enough time, disease causing germs can grow on refrigerated potentially hazardously food to numbers that will cause illness. This requirement is an attempt to limit the amount of time refrigerated potentially hazardous food can be in the refrigerator therefore reducing the risk of the food causing an illness.

F. CLEANING AND SANITIZING

1. All items requiring sanitizing shall be washed, rinsed and sanitized with approved agents, methods and concentrations. [19 CSR 30-60.090 (1) (B), (5) (A), 19 CSR 30-62.082 (5) (D)]

CHEMICAL SANITIZING

Approved Sanitizers: Sanitizers approved by the MDOH and the BCCSL must be rated D-2 by the USDA or be labeled by the manufacturer for use on food contact surfaces and have instructions specifically designed for use on food contact surfaces. The manufacturer’s directions for use shall be strictly followed. Approved sanitizers are those that do not require a rinse after the sanitizing step. Approved sanitizers are free
of dyes and fragrances. The most cost effective, safe and readily available approved sanitizer is common unscented household bleach. Quaternary ammonias rated by the USDA as D-2 sanitizers are also approved.

**Sanitizing Procedure:** Sanitizing is a three step process.

1. Washing with clean, hot soapy water. This step is conducted to remove large particles of food and debris and as many microorganisms as possible.

2. Rinsing with clean, clear, hot water. The rinse step is to further remove food and debris and to remove the soap so it does not interfere with the effectiveness of the sanitizer.

3. Sanitizing with an approved agent. If bleach is being used as the sanitizer, the solution shall have a temperature of approximately 70°F. Temperatures higher than this would cause the chlorine in the bleach to gas off and become ineffective. The sanitizing step reduces the number of microorganisms on the surface to a safe level.

**Methods and Concentrations For Chemical Sanitizing:**
Sanitizing can be done by the immersion method for items that can be immersed into the compartment of a sink or can be done by the clean-in-place method for equipment too large to immerse into compartments of a sink (table tops, diapering surfaces, food preparation counters, etc.)

**In-Place Cleaning:** For in-place sanitizing with a bleach solution, mix at a rate of one (1) teaspoon of bleach per gallon of water. This mixture equals approximately 100 ppm to 200 ppm. For bleach solutions allow for a ten (10) second contact time. Follow manufactured labeled instructions for contact time for other sanitizers such as quaternary ammonia.

**Immersion Method:** For sanitizing by the immersion method, one-half (1/2) teaspoon of bleach per gallon of water is approximately 50 ppm to 100 ppm. Immersion shall take place for 1 minute. The manufacturer required concentrations for quaternary ammonias or other sanitizers labeled for use on food contact surfaces shall be strictly followed. Test strips must be on hand to test the strength of quaternary ammonia.

**Reason**
Sanitizing is done to reduce the number of disease causing germs on surfaces to a safe level. It is important that only BCC approved sanitizers be used in the proper strengths. If they are too strong they may have a negative effect on the child’s health. If they are too weak they may not kill germs and disease will spread. Unapproved sanitizers may be effective at killing disease causing germs but their use may have negative effect on the health of the children. The required concentrations stated above have been determined safe and effective. It is recognized that other literature available to the provider contains
several different measurements for chlorine (1 tablespoon, 2 tablespoons, 1/3 cup per gallon water etc.) for sanitizing solutions. The BCC approved measurements of ½ teaspoon and 1 teaspoon have been determined effective in killing germs while reducing the risk of exposure to a toxin and the risks associated with long time exposure to these chemicals.

**NOTE:** If the provider is handling blood or feces, saliva, or urine that contains blood, protective gloves should be worn and higher strengths of chemical should be used in the 3-step method. A separate bottle labeled “Disinfectant” must be used for this purpose.

### HEAT SANITIZING

Food utensils can also be sanitized by the heat method. Heat sanitizing is most often done by mechanical dish washers. The sanitizing rinse water shall reach a temperature of 180° F. at the manifold and 160° F. at the utensil surface.

### CORRECTION TIME FRAMES

If improper sanitizing strengths or methods are used, correction can be made at the time of inspection. Use of an unapproved sanitizer must be discontinued and a substitute found immediately.

2. **All utensils and toys air dried.** [19 CSR 20-1.025 {4-601.11}, 19 CSR 30-60.090 (5) (E), 19 CSR 30-62.082 (5) (D)]

**Reason**
The greatest risk of recontamination during the washing, rinsing and sanitizing process for these items is contamination by drying them with an unclean cloth towel. Therefore, sanitized utensils and toys shall be air dried only. Sanitized utensils and toys cannot be dried on absorbent materials such as towels.

Correction Time Frame
The practice of towel drying utensils and toys must be corrected at time of notification.

3. **The following items washed, rinsed and sanitized after each use.** [19 CSR 3060.090 (1) (B) and (C), (3) (C); 19 CSR 30-62.052 (1) (B); 19 CSR 30-62.082 (3) (C) 2.; 19 CSR 30-62.082 (5) (D); 19 CSR 30-62.092 (2) (C) 1.; 19 CSR 30-62.182 (1) (E) 2.; 19 CSR 30-62.202 (1) (I) ]

   a. Food utensils

   b. Food contact surfaces including eating surfaces, high chairs, etc.

   c. Potty chairs and adapter seats
d. Diapering surfaces

e. All toys that have had contact with body fluids.

Reason

Food utensils and food contact surfaces: A larger number of meals are served in child care centers, group homes and license-exempt facilities than in family homes. Children in these facilities are exposed to a larger number and a wider variety of disease causing organisms. The risk of disease being transmitted by food equipment, utensils, and food contact surfaces is therefore increased in larger facilities. Therefore, all food equipment, utensils and food contact surfaces shall be washed, rinsed and sanitized with an approved agent or be labeled by the manufacturer for use on food contact surfaces and have instructions specifically designed for use on food contact surfaces. The manufacturer’s directions shall be strictly followed.

Toys: Communicable diseases can be transmitted from child to child if toys are contaminated with feces, saliva, mucous and vomit and are not washed, rinsed and sanitized. Since larger child care facilities expose the children to a larger number and variety of disease causing organisms, risk of disease transmission is greater. Since children may mouth the toys they play with, they are considered food contact surfaces and shall be sanitized with an agent approved by the USDA or be labeled by the manufacturer for use on food contact surfaces and have instructions specifically designed for use on food contact surfaces. The manufacturer’s directions for use on food contact surfaces shall be strictly followed.

Diapering surfaces and potty chairs: These items can become contaminated with disease carrying feces that can be transmitted to other children if not properly washed rinsed and sanitized after each use. Young children absorb chemicals into their bodies much more readily than adults. Children may also touch these surfaces and then put their hands in their mouths. Therefore, diapering surfaces and potty chairs are treated like food contact surfaces and shall be sanitized with an agent rated D-2 by the USDA or must be labeled by the manufacturer for use on food contact surfaces and have instructions specifically designed for use on food contact surfaces. The manufacturer’s instructions for use on food contact surfaces shall be strictly followed.

Policy: Products that contain phenol compounds are not approved for use on food contact surfaces and shall not be used to sanitize food contact surfaces, toys, diapering surfaces, infant/toddler floors or potty chairs.

Correction Time Frames
Upon notification.

4. The following items washed, rinsed and sanitized at least daily: [19 CSR 30-
60.090 (1) (B) (D), 19 CSR 30-62.052 (1) (B), 19CSR 30-62.082 (B) 2. A. (II) and (VI)]

a. **Toilets, urinals, and hand sinks.**

b. **Non-absorbent floors in infant/toddler spaces.**

   **Note:** L.E. rules allow carpets in infant/toddler units.

c. **Infant/toddler toys used during the day.**

   **Note:** The above mentioned floors and toys shall be sanitized with approved products. Toilets, urinals and hand sinks shall be sanitized with products with safe products but do not need to be sanitized with a sanitizer rated D-2.

   **Reason**
   Through daily use, the above items will become contaminated with germs that cause disease. Sanitizing them will reduce the spread of disease.

   Correction Time Frame
   At the time of notification.

5. **Walls, ceilings and floors clean and in good repair. Cleaned and sanitized when contacted by body fluids.** [19 CSR 30-60.090 (2) (F) 1., 19 CSR 30-62.052 (1) (B)]

   **Reason**
   Making carpets free of microorganisms is virtually impossible. In an attempt to reduce the risk of disease transmission, carpeting that is contacted by feces; urine, saliva, and vomit shall be washed, rinsed and sanitized with an agent rated D-2 by the USDA.

   Correction Time Frame
   At the time of notification.

   **Note:** L.E. Rules allow carpets in infant/toddler units.

6. **Test kits available to check proper concentration of sanitizing agents.** [19 CSR 30-60.090 (1) (C), 19 CSR 20-1.025{4-502.11}, 19 CSR 30-62.052 (1) (B)]

   - Chlorine test strips or other test strips (depending on the kind of sanitizer) shall be available for use in the child care facility at all times.
   - Sanitizing solutions prepared in spray bottles for use throughout the day shall be tested at least once a day to determine their strength before using.
   - The concentration for chlorine sanitizing solutions for the clean-in-place method is 100 ppm to 200 ppm (1 teaspoon per gallon of water) for the immersion method, 50 ppm to 100 ppm (1/2 teaspoon per gallon of water).
The test strips are also useful to determine if the concentration is adequate to effectively sanitize utensils that are being sanitized by the immersion method.

If quaternary ammonia is used strengths should be 200ppm – 400ppm. Read the manufacturers label for contact time.

**Note:** It is not required to mix a new spray bottle solution daily if the sanitizing solution concentration is tested once a day and required strengths are maintained.

**Note:** If sanitizing is accomplished by the heat method, heat testing tape shall be used to test the temperature of the water at the utensil surface. A temperature of 160° F. is required at the utensil surface.

**Reason**
Use of test strips ensures that the sanitizing solution is at the right strength. If not strong enough, it will not kill disease causing germs or if it is too strong, it could be harmful to the children.

**Correction Time Frame**
Within thirty (30) days or before the inspection due date. The inspector should supply a list of businesses that sell test strips. The care giver can mail a receipt to the inspector showing the purchase of the test strips.

**7. Soiled laundry stored and handled in a manner which does not contaminate food and food related items and child contact items.** [19 CSR 20-1.025 {4803.11} 19 CSR 30-60.090 (1)]

- Soiled laundry shall not be stored in the kitchen or in food storage areas.
- Soiled laundry shall be stored in non-absorbent containers or washable laundry bag until removed for laundering.
- The provider must wash hands after handling soiled laundry
- Only unopened packaged foods and unopened packaged single service articles may be stored in a laundry room.

**Reason**
Some child care facilities have washers and dryers in or near the kitchen/food preparation area or near food storage areas. Soiled clothing may be handled and stored in a way that food or food contact surfaces or other child care items become contaminated with disease causing germs. The food, food contact surfaces and other child care items can then transfer disease causing germs to the children.

Also, the dryer vent must be vented properly to adequately handle dust and lint from these activities and to safeguard against cross contamination. No build up of lint or dust from laundry activities may occur in the food preparation areas. Only unopened
packaged foods and unopened packaged single service articles may be stored in a laundry room.

The inspector should observe how soiled laundry is stored and talk with the provider concerning where and when soiled laundry is handled and the best methods to keep cross contamination from occurring. Soiled laundry shall not be stored in the food preparation area.

Correction Time Frame
At the time of inspection

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**G. Food Equipment and Utensils**

**19 CSR 30-62.082 (5) (D)**

1. **Single service items not reused.** [19 CSR 20-1.025 (4-101.11 (A) through (E)}

**Reason**
Single service items such as Styrofoam, plastic utensils and aluminum are not designed to be used more than once. These items become pitted, scratched and cracked and cannot be washed, rinsed and sanitized effectively because food particles and microorganisms will not be removed effectively.

Correction Time Frame
At the time of inspection

2. **All food equipment and utensils in good repair.** [19 CSR 20-1.025 (4-201.11)]

- Any food equipment or utensils that cannot be properly cleaned or is pitted, cracked, dented or chipped shall be replaced.

**Reason**
Food equipment in disrepair are difficult to clean and sanitize, can permit a build-up of food and soil which can support the growth of microorganism, and can cause cross contamination. Accumulations of food and soil can also cause an insect and rodent problem.

Correction Time Frame
At the time of inspection

3. Food preparation and storage areas have adequate lighting. [19 CSR 20-1.025 {6-303.11}, 19 CSR 30-62.082 (2) (A) 4.]

**Reason**
Adequate lighting in food preparation and storage areas makes it possible to see when these areas need cleaning and allows for the identification of food in poor condition. Adequate lighting also helps prevent the accidental mixing of toxic substances with food and allows labels to be read. Adequate lighting is also an important safety factor for caregivers working with cutting utensils and machines.

**Correction Time Frame**
Burned out light bulbs must be replaced at time of inspection. Additional light fixtures must be installed within 30 days of notification or before the due date.

4. Kitchen equipment that produces excessive grease laden vapors, heat and moisture properly vented. [19 CSR 20-1.025 {6-304.11}, 19 CSR 30-60.090 (5) (B), 19 CSR 30-62.082 (2) (A) 6.]

- Mechanical ventilation to the outside is not required unless other methods are not sufficient to prevent the build-up of grease laden vapors, moisture, and heat.

**Reason**
Sufficient ventilation reduces condensation that may drop into food or onto utensils or food preparation surfaces thus inhibiting growth of microorganisms. Sufficient ventilation also keeps walls and floors cleaner and exhausts objectionable odors.

**Note:** This requirement is not intended to be used as a fire safety issue. Fire safety issues regarding cooking equipment and fire hazards are addressed by the Division of Fire Safety in their requirements. If concerns arise during a sanitation inspection regarding cooking equipment ventilation and fire safety, contact the BCCSL EPHS for further action.

**Correction Time Frame**
Proper ventilation must be provided within 30 days of notification or before the due date.

5. Facilities shall have mechanical refrigeration for facility use only.

**Exception: License-Exempt facilities approved BEFORE to October 31, 1997.** [19 CSR 30-60.090 (4) (B), (9) (F), 19 CSR 30-62.082 (5) (B)]
• All facilities shall have adequate refrigeration to store cold potentially hazardous food safely.

**Note:** Many license-exempt facilities operated by religious organizations that operated before chapter 210 RSMo. was implemented, share refrigerator space with other groups within the church. These facilities were grandfathered in allowing them to share refrigerator space if the food for the child care operation is stored separately from other church functions. Any license-exempt facility approved after October 31, 1997 is required to have a separate refrigerator for child care facility food only.

**Note:** Employees of the child care facility may store lunches from home in the facility refrigerator if it is stored separate from facility food and is stored so as not to contaminate facility food.

**Reason**
Adequate mechanical refrigeration helps assure that cross contamination is kept to a minimum and safe temperatures are maintained.

**Correction Time Frame**
At the time of notification or no cold potentially hazardous food may be kept on the premises until corrected.

6. **No carpeting or absorbent floor coverings in food preparation area.** [19 CSR 20-1.025 (6-201.14), 19 CSR 40-60.090 (4) (D)]

**Exception:** L. E. facilities with 10 or less children may have carpeting if kept clean and free of food debris.

**Reason**
Food spills are unavoidable in the food preparation area. Carpeting and absorbent materials cannot be completely cleaned when food is spilled onto them. Larger child care facilities prepare and handle large quantities of food; therefore carpeting in the food preparation area will create unsanitary conditions. Carpeting with food spills will also act as an attractant and pest harborage.

**Correction Time Frame**
Within 30 days of notification or before the due date.

7. **Adequate preparation and storage equipment for hot foods.** [19 CSR 30-60.090 (4) (B), 19 CSR 30-62.082 (5) (B)]

**Note:** Equipment needs shall be based on the capacity of the facility and the number of meals prepared each day. Most facilities will need at least a four burner stove and oven for cooking food. Alternative cooking and hot storage equipment may be substituted for an oven and four burner stove upon the approval of the BCC. Combinations of microwaves, electric skillets (based on approval of the fire inspector)
and convection ovens can be approved for use if the size of the equipment is sufficient for the capacity of the facility. Review the menu and talk with the provider regarding the types of meals that will be prepared to determine if the proposed cooking equipment is adequate for the planned menu.

**Note:** Because microwaves cook food unevenly, microorganisms may not be killed when food is prepared. Foods prepared in a microwave are required to:

- Reach an internal temperature of 165°F in all parts of the food.
- Be stirred or rotated throughout or midway during the cooking process to compensate for uneven distribution of heat.
- Be covered to retain surface moisture.
- Stand for 2 minutes after cooking to obtain temperature equilibrium.
- Microwaves used to hold hot foods shall be equipped with a heat temperature probe.

**Note:** Crockpots are not approved for cooking or reheating food. Crockpot cooking times allow food to remain in the danger zone for extended periods of time. Disease causing organisms have time to grow and cause illness when temperatures are in the danger zone too long. Crockpots may be used to maintain temperatures once food has reached the proper internal temperature by other approved methods.

**Reason**
If adequate cooking and storage equipment is not present in the facility, foods prepared may not be safe for the children to consume.

**Correction Time Frame**
Upon notification. Hot foods may not be prepared or stored at the facility until adequate equipment is available on site.

**8. Facilities with a capacity of 20 children or less shall have:**

a. **Mechanical dish washer 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.** [19 CSR 30-60.090 (5) (C) and (D), 19 CSR 30-62.052 (1) (B)]

- Domestic dishwashers that consistently reach 160°F can be used to sanitize dishes in facilities with a capacity of 20 children or less.
- Domestic dishwashers used for sanitizing in facilities with a capacity of 20 children or less must be NSF (National Sanitation Foundation) approved.
- The provider is required to have heat test strips on hand to determine if the machine is reaching the proper temperature.
- The dishwasher shall have the capacity to sanitize all utensils and pots used during meal preparation.
• If the domestic dishwasher does not consistently reach the required temperature, a sanitizing step must be conducted manually.
• For manual sanitizing all compartments shall be large enough to completely immerse all utensils intended to be sanitized by this method.
• An empty hand washing sink shall be available at all times during food preparation. The sink shall be washed, rinsed and sanitized before utensil washing.

b. If a mechanical dishwasher is used, a minimum of two sinks located in the food preparation for:

1) Hand washing only and,

2) Food preparation only.

Note: The hand washing sinks must be labeled as such.

Reason
Utensils that are not properly, washed, rinsed and sanitized have the potential to spread disease.

Correction Time Frame
Within 30 days of notification or before the inspection due date.

9. Facilities with a capacity of more than 20 children approved BEFORE October 31, 1991 shall have:

a. Mechanical dishwasher that sanitizes; or employ an additional sanitizing rinse in conjunction with a mechanical dishwasher; or use a three compartment sink. [19 CSR 30-60.090 (5) (D), 19 CSR 30-62.052 (1) (B)]

See reason and correction time frame in Section 8 A. When sanitizing utensils manually, facilities with a capacity of more than 20 children cannot use a portable compartment for sanitizing utensils.

b. If a mechanical dishwasher is used, a minimum of two sinks located in the food preparation area designated for:

1) Hand washing only

2) Food preparation only

Note: The hand washing sink must be labeled as such.
10. Facilities with a capacity of more than 20 children approved **AFTER** October 31, 1991 shall have:

a. Facilities located in the provider’s residence shall have separate food preparation and storage areas. [19 CSR 30-62.082 (5) (D)]

b. A commercial dishwasher or three compartment sink in addition to a separate hand washing sink. [19 CSR 30-60.090 (5) (D), 19 CSR 30-62.082 (5) (D)]

- Commercial dish washers must sanitize by heat or chemical methods.

c. If a commercial dish washer is used, a sink located in food preparation area designated for food preparation. [19 CSR 40-62.082 (5) (D)]

H. Catered Foods

1. **Catered food from an inspected and approved source.** [19 CSR 30-60.090 (9) (D), 19 CSR 30-62.082 (5) (A)]

**Reason**

It is the provider’s responsibility to ensure safe food is served to the children. Serving food from an approved source is one way to determine that food is safe to consume.

**Correction Time Frame** At the time of inspection.

2. **Safe food temperatures maintained during transport.** [19 CSR 20-1.010 (7)]

Providers must ensure that catered food arrives at the proper temperature. When food arrives at the facility, temperatures of hot and cold potentially hazardous foods must be taken by the provider. If the inspector is present when catered food is delivered, the inspector must record the temperature of hot and cold potentially hazardous food.

3. **Facility using catered food exclusively shall have a hand washing sink in kitchen/food service area.**
Reason
Hands must be washed before serving food to children.

Correction Time Frame
Hand sinks must be installed thirty days after notification. New facilities must have them installed before they are initially approved.

4. Facility not using single service utensils exclusively meets applicable dish washing requirements as stated in Section G8, G9, or G10.

Reason
If utensils and dishes are washed at the facility the proper dish washing equipment is required. Dishes not cleaned properly can spread disease.

Correction Time Frames
Within thirty days of notification. New facilities must have the proper dish washing equipment prior to initial approval.

5. Food and food related items protected from contamination during transport.

Correction Time Frame
At time of notification.

I. Bathrooms

1. Cleaned as needed or at least daily. [19 CSR 30-60.090 (1) (A), (2) (A), 19 CSR 30-62.082 (3) (A) 7.]

Note:
When determining if a violation is present, the inspector should assess whether the current conditions are due to not cleaning the bathroom often enough or are the conditions observed occurring because of normal use by children. A strong urine odor, mold and filth buildup is indications that the bathroom is not cleaned when needed.
**Reason**

Bathrooms are primary areas where germs from feces are found. If bathrooms are not cleaned regularly, they can become a source for the spread of disease.

**Correction Time Frame**

Bathrooms must be cleaned as soon as notified. A routine cleaning schedule should be established to ensure bathrooms are clean.

2. **Paper towels stored and dispensed in a manner that minimizes contamination. All equipment in good repair.** [19 CSR 30-60.090 (2) (B) and (C) 19 CSR 30-62.082 (3) (A) 1., 3. and 4.]

- All sinks, urinals and toilets that are required based on the capacity of the facility shall be in good repair, in working order and be supplied with water under pressure.
- All paper towel and toilet paper dispensers shall also be in good repair and in working order.

**Reason**

Broken fixtures and dispensers can lead to an over use of other equipment and can lead to unsanitary conditions.

**Correction Time Frame**

All required sinks, toilets and urinals shall be repaired within an agreed upon time frame but not to exceed 30 days. During the interim the provider is required to insure remaining fixtures are operational and bathroom conditions are sanitary. If no fixtures are operational, the facility must close until normal operations can be maintained.

3. **Facilities approved AFTER October 31, 1991, have bathrooms enclosed with full walls and solid doors; doors closed when not in use.** [19 CSR 30-60.090 (2) (E), 19 CSR 30-62.052 (1) (B)]

**Reason**

Feces can contain disease causing organisms. Flies and other insects are attracted to feces. If there is not floor to ceiling walls with the door closed, flies travel to the bathroom and carry disease causing germs to other parts of the facility. Also the disease organisms can become air borne and contaminate other parts of the facility. Having the door closed helps prevent these organisms from spreading throughout the facility. In order to reduce the risk of disease transmission, full walls and solid doors are required for all facilities approved after 10/31/91.

**Note:** Younger children must be monitored while in the bathroom. Alternative methods have been used to fulfill the solid door requirement and the need to monitor children. Doors with Plexiglas windows have been used. If older children and caregivers use the bathroom, blinds can be installed for this purpose. The blinds can be closed when privacy is needed and opened when younger children are using it.
bathroom door can also be open when monitoring is needed and closed when not occupied.

**Note:**
Pre School programs that have bathrooms located away from the child care area are not required to have doors on bathrooms. Pre School programs that have bathrooms that open to or are connected to the approved child care area must comply with this requirement.

**Correction Time Frame:**
New facilities cannot be approved until bathrooms are fully enclosed and full doors are installed. Existing facilities that were approved after 10/31/91 may have a year to comply with this requirement. Bathroom doors that are opened when not in use during the inspection must be corrected at that time.

4. **Facilities approved AFTER October 31, 1998, mechanically vented to prevent molds and odors.** [19 CSR 30-60.090 (1) (E), 19 CSR 30-62.052 (1) (B), 19 CSR 30-62.082 (3) (A) 7.]

**Reason**
Ventilation is an important factor in reducing odors and reducing the transmission of diarrheal illnesses. The aerosols produced by the flushing of toilets and urinals enables disease organisms to travel into the rest of the facility if not contained by mechanical ventilation. Safely constructed window fans are acceptable if the blades are not accessible to the children and it remains on at all times during facility operation.

**Correction Times Frame**
All facilities applying for licensure or approval (License Exempt) must have mechanical ventilation before they are approved.

5. **Hand washing sinks located in or immediately adjacent to the bathroom.** [19 CSR 30-60.090 (2) (B), 19 CSR 30-62.082 (3) (A) 1., 19 CSR 30-62.052 (1) (B)]

Hand washing sinks must be located so they are immediately convenient for the use of children and caregivers.

Some providers prefer to locate their hand washing facilities outside the bathroom to supervise hand washing. This is acceptable if the hand sink is located so that it is immediately accessible after leaving the bathroom. A common guide used is no more than 8 feet from the bathroom. After leaving the bathroom, the child or caregiver must not travel through another doorway to utilize the hand washing sink.

**Reason**
If sinks are not convenient for use, children and caregivers are less likely to wash their hands when needed.
Correction Time Frame
Within thirty days of notification or before the inspection due date.

6. No carpeting or absorbent floor covering. [19 CSR 30-60.090 (1) (A), 19 CSR 30-62.052 (1) (B)]

Reason
Bathrooms in larger child care facilities are used more and need cleaning more often. Carpets retain moisture and allow molds to grow and odors to build. Carpets are not easily cleanable and may cause unsanitary conditions in the bathroom.

Correction Time Frame
Within thirty days of notification or before the inspection due date.

7. Sufficient lighting for cleaning. [19 CSR 30-62.052 (1) (B)]

Reason
Adequate lighting is imperative for proper cleaning.

Correction Time Frame
Within thirty days of notification or before the inspection due date.

8. No storage of toothbrushes or mouthable toys. [19 CSR 30-62.052 (1) (B)]

Storage of bathroom cleaners is acceptable if they are stored out of reach of children. Also art supplies and similar materials are acceptable if stored in cabinets.

Items such as children’s toys that will be mouthed, pacifiers, cups, may not be stored in the bathroom.

Items that will not be mouthed such as art supplies and clean clothes may be stored in the bathroom if they are stored in an enclosed cabinet or sealed container.

Reason
Food, food related items, medicines, mouthable toys, toothbrushes and drinking cups shall not be stored in the bathroom. They can become contaminated with fecal material and spread disease to those that use them.

Correction Time Frame
At the time of inspection.

J. Infant/Toddler Units
1. If food preparation occurs, shall have a sink for food preparation separate from the diapering hand washing sink. [19 CSR 30-60.090 (3) (F), 19 CSR 30-62.052 (1) (B)]

When food preparation takes place in the infant/toddler unit (preparation of cereal, formula, etc.) a food preparation sink is required. It can only be used for food preparation. This sink shall be separate from the diapering hand washing sink by at least 18 inches. Existing sinks less than 18” apart can be approved if effective splash shields are in place between food preparation sinks and hand washing sinks. No hand washing can take place at the food preparation sink. The 18” will be determined by measuring from the nearest outside rim of the sink to the spigot of the other sink. The hand washing sink must be labeled as such.

If infant/toddler unit food is prepared in other approved food preparation space this requirement does not apply.

Reason
Diapering hand washing sinks are contaminated with fecal material. If the same sink is used to prepare food, contamination from fecal material will occur. These activities should occur in separate sinks to prevent contamination.

Correction Time Frame
The practice of preparing food using the diapering hand washing sink in the infant/toddler room must be stopped upon notification. Food preparation shall occur in an approved food prep area until the proper equipment is installed in the infant/toddler unit.

2. Utensils used in the infant/toddler unit washed, rinsed and sanitized after each use with proper methods and equipment. [19 CSR 30-60.090 (3) (F), 19 CSR 30-62.052 (1) (B)]

If utensils are washed in the infant/toddler unit, the proper equipment must be used for sanitizing. The required equipment will be based on the capacity of the infant/toddler unit. Refer to sections G8, 9 and 10 to determine the type of equipment required. The diapering hand washing sink cannot be used for utensil washing, rinsing or sanitizing.

Infant/toddler utensils may be washed, rinsed and sanitized in approved dish washing facilities located in other parts of the facility.

Reason
Utensils may become contaminated with fecal material if washed in a hand sink used at the diapering surface.

Correction Time Frame
Utensil washing shall be done in an approved area until the proper equipment is installed in the infant/toddler unit.
K. Diapering Area

1. No utensils or toys washed, rinsed or stored in the diaper changing area. [19 CSR 30-60.090 (3) (F), 19 CSR 30-62.052 (1) (B)]

   **Reason**
   Utensils can become contaminated with disease causing germs when cleaned or stored in close proximity to diapering areas.

   **Correction Time Frame**
   At the time of notification.

2. Hand sink with warm running water located in the diaper changing area immediately accessible to the diapering surface. [19 CSR 30-60.090 (3) (A), 19 CSR 30-62.082 (4) (A) and (D)]

   The hand sink shall be equipped with warm running water, soap and a sanitary hand drying method. The sink shall be located so that it is immediately accessible (within 8 feet) to the diapering surface but also shall be located so the provider can maintain supervision of the children while washing hands. Newly licensed providers shall not go through a doorway to wash hands after diapering a child. See section D2.

   **Reason**
   A hand washing sink that is immediately available (within approximately 8ft) after diapering a child helps ensure that hands will be washed and germs from fecal material will not be passed on to other children and surfaces in the child care space.

   **Correction Time Frame**
   Within thirty days of notification or before the inspection due date.

3. Diapering surface smooth, easily cleanable, nonabsorbent and in good repair. [19 CSR 30-60.070 (1) (F) 1., 19 CSR 30-62.082 (4) (A)]

   Tape cannot be used to repair tears in diapering surfaces because it will not leave the surface smooth and easily cleanable.

   **Reason**
   Diapering surfaces shall be replaced if they have cracks, holes and tears. The surface cannot properly be sanitized when in poor condition. The surface shall also be smooth and nonabsorbent. Quilted type patterns are not desirable and should be replaced when they deteriorate. All diapering surfaces shall be nonabsorbent.

   **Correction Time Frame**
   Within 30 days or before the inspection due date.
4. **Soiled diapers stored in a solid, nonabsorbent container with tight fitting lids located in the diapering area.** [19 CSR 30-60.090 (3) (E), 19 CSR 30-62.182 (1) (E) 5.]

- To limit possible contamination, individual diapers shall not be carried outside after each diaper change.

- Soiled diapers shall be immediately placed in an air tight container located in the diapering area.

- Diaper containers shall not be stored in the food preparation area.

- Cloth diapers shall be stored in an air tight plastic bag and removed from the building daily.

**Reason**

If not handled properly, soiled diapers can lead to the spread of disease.

**Correction Time Frame**

Upon notification. If a diapering container needs to be purchased compliance is required before the due date.

5. **Soiled diaper container emptied, washed, rinsed and sanitized daily.** [19 CSR 30-60.090 (1) (A), 19 CSR 30-62.052 (1) (B)]

- The diapering container shall be emptied and washed, rinsed and sanitized as needed or at least at the end of the day.

**Reason**

Cleaned and sanitized diapering containers help reduce the spread of disease and odors.

**Correction Time Frame**

Upon notification.

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**L. Refuse Disposal**

1. **Adequate number of containers.** [19 CSR 20-1.025 (5-501.16 (A))]
• There shall be a sufficient number of refuse containers at the child care facility to hold all the garbage and refuse produced by the facility.

**Reason**
Refuse that is not in a container will attract pests.

**Correction Time Frame**
Within 30 days or before the inspection due date.

2. **Clean, nonabsorbent, in sound condition.** [19 CSR 20-1.025 {5-501.13}]

• Refuse containers shall be made of a durable nonabsorbent material.

• They shall be cleaned regularly to prevent odors and from becoming an attractant to insects, rodents or other pests.

• Refuse containers shall be in good condition and free of cracks and holes.

**Reason**
If refuse containers are not cleaned periodically they will attract pests.

**Correction Time Frame**
If pests are present they must be emptied and cleaned within 24 hours.

3. **Outside refuse area clean; containers covered at all times**
   [19 CSR 20-1.025 {501.110}]

• Outside storage containers shall be covered with tight fitting lids to prevent entrance of insects, rodents and other pests.

• The use of unprotected plastic and paper bags for storage of refuse outside is prohibited.

**Reason**
Same as reason in L2.

**Correction Time Frame**
Upon notification or before the inspection due date.

4. **Inside food refuse containers covered as required.**
   [19 CSR 30-60-090 1 (A)]

• Refuse containers in use during the food preparation process do not need to be covered. When full, they shall be emptied or covered with a tight fitting lid.

• When not in use they shall be covered with a tight fitting lid.

• Refuse containers in the infant toddler area shall be covered if accessible to the children.
Soiled diaper containers shall be covered at all times.
• Refuse containers that may expose children to body fluids are required to have a lid.
• Bathrooms used by female staff must have a covered refuse container.

**Reason**
Refuse containers that contain food or body fluids can attract pests. The pests in turn can spread disease in the facility. Children may play in refuse containers and be exposed to disease and other hazards.

**Correction Time Frame**
Within 30 days or before the inspection due date.

5. Restrooms used by staff have covered refuse container.

**Reason**
Adequate measures must be used for proper disposal items used during the menstrual cycle. Covered receptacles will prevent the spread of disease by flies and other insects.

**Correction Time Frame**
Within 30 days of notification or by the due date.