



CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER

FOOD ESTABLISHMENT INSPECTION REPORT

DATE	07/13/2013	PAGE 1 OF 2
TIME IN	9:25am	TIME OUT
		10:30 am

PRINT
SAVE

RESET

Based on an inspection this day, the items noted below identify noncompliance in operations or facilities which must be corrected by the next routine inspection, or such shorter period of time as may be specified in writing by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in cessation of your food operations.

ESTABLISHMENT NAME Cottonwood Residential Treatment Center	OWNER MO Dept of Mental Health	PERSON IN CHARGE Sherry Aden
ADDRESS 1025 N. Sprigg	ESTABLISHMENT LICENSE NO. 5256	COUNTY 031-500
CITY/ZIP CODE Cape Girardeau 63701	TELEPHONE NUMBER 573.290.5888	FAX NUMBER 573.290-5893
		REGION 04
		P.H. PRIORITY <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L

ESTABLISHMENT TYPE	<input type="checkbox"/> Bakery	<input type="checkbox"/> C. Store	<input type="checkbox"/> Caterer	<input type="checkbox"/> Deli	<input type="checkbox"/> Grocery Store	<input checked="" type="checkbox"/> Institution	<input type="checkbox"/> Mobile
	<input type="checkbox"/> Restaurant	<input type="checkbox"/> School	<input type="checkbox"/> Senior Center	<input type="checkbox"/> Summer F.P.	<input type="checkbox"/> Tavern	<input type="checkbox"/> Temporary	

SEWAGE DISPOSAL <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	WATER SUPPLY <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private Date Sampled: _____ Satisfactory For Drinking: <input type="checkbox"/> Y <input type="checkbox"/> N	FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License Number: _____
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PURPOSE	<input type="checkbox"/> Pre-Opening	<input checked="" type="checkbox"/> Follow-Up	<input type="checkbox"/> Routine	<input type="checkbox"/> Complaint	<input type="checkbox"/> Other
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FOOD PRODUCT	TEMP °F	LOCATION	FOOD PRODUCT	TEMP °F	LOCATION
	°F			°F	
	°F			°F	
	°F			°F	
	°F			°F	

RISK FACTORS AND INTERVENTIONS

COMPLIANCE	DEMONSTRATION OF KNOWLEDGE	CODE REF.	R	COS	COMPLIANCE	POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE	CODE REF.	R	COS
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Designated PIC, demonstration of knowledge and PIC duties	2-101.11 2-102.11 2-103.11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature	3-401.11-13	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYEE HEALTH					<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Reheating for hot holding	3-403.11	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness, policy present. Proper use of reporting restrictions and exclusion	2-201.11-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Cooling	3-501.14	<input type="checkbox"/>	<input type="checkbox"/>
GOOD HYGIENIC PRACTICES					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Parasite destruction	3-402.11	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Eating, tasting, drinking or tobacco use	2-401.11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Hot holding	3-501.16	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Discharges from eyes, nose, or mouth	2-401.12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Cold holding	3-501.16	<input type="checkbox"/>	<input type="checkbox"/>
CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Date marking and disposition	3-501.17 3-501.18	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Clean condition, cleaning procedure, when to wash, and where to wash	2-301.11-12 2-301.14-15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)	3-501.19	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Bare hand contact with ready-to-eat foods	3-301.11	<input type="checkbox"/>	<input type="checkbox"/>	CONSUMER ADVISORY				
APPROVED SOURCES					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food obtained from approved source	3-201.11-17	<input type="checkbox"/>	<input type="checkbox"/>	HIGHLY SUSCEPTIBLE POPULATIONS				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Receiving temperature / condition	3-202.11-19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3-801.11	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Records: shellstock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12	<input type="checkbox"/>	<input type="checkbox"/>	CHEMICAL				
PROTECTION FROM CONTAMINATION					<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used	7-1,7-2,7-3	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food segregated, separated and protected	3-302.11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 3-302.14	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11	<input type="checkbox"/>	<input type="checkbox"/>	CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food display, consumer self-service, returned food / re-service of food	3-306.11-14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with HACCP plan, variance / specialized process		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IN = In Compliance COS = Corrected on Site OUT = Not In Compliance R = Repeat N/A = Not Applicable N/O = Not Observed				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Discarding / reconditioning unsafe food	3-701.11	<input type="checkbox"/>	<input type="checkbox"/>					

RECEIVED BY (PERSON IN CHARGE/TITLE)	DATE
<i>Sherry Aden</i>	07/13/2013

INSPECTOR/TELEPHONE NUMBER	EPHS NO.	FOLLOW-UP	DATE OF FOLLOW-UP
<i>Sherry Aden</i>	1129	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	



CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER

FOOD ESTABLISHMENT INSPECTION REPORT

2 OF

ESTABLISHMENT NAME Cottonwood Residential Treatment Center	ADDRESS 1025 N. Sprigg	CITY Cape Girardeau 63701
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FOOD CODE REFERENCES	CRITICAL ITEMS			
2 MANAGEMENT/PERSONNEL	CODE REF.	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	CORRECT BY (DATE)	INIT.
2-1 Supervision				
2-2 Employee Health				
2-3 Personal Cleanliness				
2-4 Hygienic Practices				
3 FOOD				
3-1 Characteristics				
3-2 Sources, Containers & Records				
3-3 Protection from Contamination				
3-4 Cooking, Parasite Destruction,, Reheating				
3-5 Limiting Growth of Organisms				
3-6 Food Presentation & Labeling				
3-7 Disposition of Contaminated Food				
3-8 Highly Susceptible Populations				
4 EQUIP. UTENSILS & LINENS				
4-1 Characteristics & Use Limitations				
4-2 Design & Construction				
4-3 Numbers & Capacities				
4-4 Location & Installation				
4-5 Maintenance & Operation				
4-6 Cleaning of Equipment				
4-7 Sanitization				
4-8 Laundry				
4-9 Protection of Clean Items				
NON-CRITICAL ITEMS				
5 WATER, PLUMBING & WASTE	CODE REF.	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated.	CORRECT BY (DATE)	INIT.
5-1 Water Source, Quality, Capacity				
5-2 Plumbing				
5-3 Mobile Water Tanks				
5-4 Sewage & Rainwater				
5-5 Refuse & Recyclables				
6 PHYSICAL FACILITIES				
6-1 Materials for Construction				
6-2 Design, Construction, Installation				
6-3 Numbers & Capacities				
6-4 Location & Placement				
6-5 Maintenance & Operation				
7 POISONOUS OR TOXIC ITEMS				
7-1 Labeling & Identification				
7-2 Supplies & Applications				
7-3 Storage & Display				

EDUCATION PROVIDED OR COMMENTS
All corrections made. Thank you.

RECEIVED BY (PERSON IN CHARGE AT TITLE)	DATE 07/13/2013
INSPECTOR/TELEPHONE NUMBER	EPHS NO. 1129
FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP