



Department of Elementary and Secondary Education
Childhood - Child Care Compliance

Request for Child Care Inspection

Request Date: October 23, 2025

Local Health Office
TEXAS COUNTY HEALTH DEPARTMENT
950 N HIGHWAY 63 STE 500
HOUSTON, MO 65483-2619 County: TEXAS

DESE-CENTRAL DISTRICT
205 JEFFERSON ST 1ST FL
JEFFERSON CITY, MO 65101
Specialist:
KATINA D KATTICH
(573) 751-2891

Facility Information

Facility Number: 000693512
Name: OZARK ACTION, INC.
Telephone: (573) 674-2100
Email: HS-EHSstateinspections@oaiwp.org
Contact: ROSE MARIE JETT
123 CEDAR ST
LICKING, MO 65542-8294
County: TEXAS

Inspection Due Date: December 31, 2025

The following information must be completed for initial sanitation inspections:

Water System: PUBLIC Other:

Sewer System: PUBLIC Other:

Type of Facility: ACTIVE CHILD CARE CENTER
Initial License / Approval: 09/19/1996
License Begin Date: 08/28/2021
License End Date: March 1
Total Capacity: 20
Age Range: 36 MONTHS to 5 YEARS
Shifts: 06:00 am to 09:00 pm

Limitations:

Reason for Inspection: ANNUAL

Change In: Capacity__ Age Range__ Building/Heating System__

Comments: Variances include:

5 CSR 25-500.09:t Furniture, Equipment and Materials (1) (B)

1. A Nap pad instead of Cots.
5CSR 25-500.082 Physical Requirements of Group Day Care Homes and Day Care (4)(A)
2. diaper mat instead of changing table
5CSR 25-500.087 Fire Safety (10) (C)
3. 1 working carbon monoxide detector. Cabinet of furnace shall not create a burn hazard, if furnace is replaced the door will meet all fire codes
battery backup smoke detector interconnected to all other smoke detectors is installed in the front of the furnace location.



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

Arrival Time <u>11:30</u>	<u>a.m.</u>	CODES X = Non-Compliances Noted N.O. = Not Observed N.A. = Not Applicable * = Discussed requirements with provider
Departure Time <u>12:00</u>	<u>a.m.</u>	
DATE <u>10/5/25</u>		

☐ Initial ☒ Annual ☐ Reinspection ☐ Lead ☐ Special Circumstances _____

FACILITY NAME <u>Ozark Acton Inc Licking</u>	DVN <u>000 693 512</u>	COUNTY CODE <u>215</u>
ADDRESS (Street, City, State, Zip Code) <u>123 Cedar St, Licking, MO 65542</u>		INSPECTOR'S NAME (Print) <u>Kevin P Dunder</u>

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

A. GENERAL

E. FOOD PROTECTION

1. Clean and free of unsanitary conditions.	1. Food from approved source and in sound condition; no excessively dented cans.
2. No environmental hazards observed.	2. No use of home canned food. No unpasteurized milk.
3. No evidence of insects, spiders, rodents or pest entry points, or pest harborage.	3. Ground beef cooked to 155° F; poultry and pooled eggs to 165° F; pork to 145° F and all other foods cooked to at least 140° F. All hot food kept at 140° F or above.
4. Well ventilated, no evidence of mold, noxious or harmful odors.	4. Precooked food reheated to <u>165</u> .
5. Screens on windows and doors used for ventilation in good repair.	5. Food requiring refrigeration stored at 41° F or below.
6. No indication of lead hazards.	6. Refrigerator 41° F or below, accessible readable thermometer required. Foods in freezer frozen solid. Temp at time of inspection <u>34</u> ° F.
7. No toxic or dangerous plants accessible to children.	7. Metal stemmed thermometer reading 0° - 220° F in 2° increments for checking food temperatures. (Also use to check hot water temperature.)
8. Medicines and other toxic agents not accessible to children. Child contact items stored to prevent contamination by medicines, other toxic agents, cleaning agents and waste water drain lines.	8. Food, food related items, and utensils covered, stored and handled to prevent contamination by individuals, pests, toxic agents, cleaning agents, water drain lines, medicines, dust, splash and other foods. No bare-hand contact of ready-to-eat foods.
9. All sinks equipped with mixing faucets or combination faucets with hot and cold running water under pressure.	9. Food, toxic agents, cleaning agents not in their original containers properly labeled.
10. Hot water temperature at sinks accessible to children - 100° - 120° F. Temp at time of inspection <u>104</u> ° F.	10. No food or food related items stored or prepared in diapering areas or bathrooms.
11. Pets free of disease communicable to man.	11. Food stored in food grade containers only.
12. Pets living quarters clean, and well maintained.	12. Food thawed under refrigeration, 70° F running water, or microwave (if part of the cooking process).
13. Reptiles are prohibited on the premises. Birds of the Parrot Family tested for Psittacosis.	13. No animals in food preparation or food storage areas.
14. Swimming/wading pools filtered, treated, tested and water quality records maintained. Meets local codes.	14. No eating, drinking, and/or smoking during food preparation.
15. A minimum of 18" separation between drinking fountains & hand sinks.	15. Food served and not eaten shall not be re-served to children in care.
16. No high hazards cross-connections.	16. Refrigerated potentially hazardous foods properly marked with 7-day discard date after opening or preparation.

B. WATER SUPPLY (circle type)

COMMUNITY NON-COMMUNITY PRIVATE
PRIVATE SYSTEMS ONLY

1. Constructed to prevent contamination.	
2. Meets DHSS-SCCR water quality requirements.	
A. Bacteriological sample results. _____	
B. Chemical (Prior SCCR Approval Needed) _____	

C. SEWAGE (circle type)

COMMUNITY ON-SITE
ON-SITE SYSTEMS ONLY

1. DNR Regulated System: Type: _____	
2. DHSS Regulated System: Type: _____ Meets DHSS-SCCR requirements.	
3. Meets local requirements.	

D. HYGIENE

1. Care givers and children wash hands using soap, warm running water and sanitary hand drying methods.	
2. Care givers and children wash hands BEFORE: preparing, serving, and eating food; glove use. AFTER: toileting, diapering, assisting with toileting, nose blowing, handling raw food, glove use, cleaning and sanitizing, outdoor play, handling animals, eating, smoking, and as necessary.	
3. Personnel preparing/serving food is free of infection or illness.	

F. CLEANING AND SANITIZING

1. All items requiring sanitizing shall be washed, rinsed and sanitized with approved agents, methods, and concentrations.	
2. All utensils and toys air dried.	
3. The following items washed, rinsed and sanitized after each use: A. Food utensils B. Food contact surfaces including eating surfaces, high chairs, etc. C. Potty chairs and adapter seats. D. Diapering surface E. All toys that have had contact with body fluids.	
4. The following items are washed, rinsed and sanitized at least daily: A. Toilets, urinals, hand sinks. B. Non-absorbent floors in infant/toddler spaces. C. Infant/Toddler toys used during the day.	
5. Walls, ceilings, and floors clean and in good repair. Cleaned and sanitized when contacted by body fluids.	
6. Appropriate test strips available and used to check proper concentration of sanitizing agents.	
7. Soiled laundry stored and handled in a manner which does not contaminate food, food related items and child contact items.	

Sanitation Inspection Report

FACILITY NAME

Ozark Action Fns Library

DYN

000 693 512

DATE _____

DATE
11/5

I. BATHROOMS

1. Single service items not reused.
2. All food equipment and utensils in good repair.
3. Food preparation and storage areas have adequate lighting.
4. Kitchen equipment that produces excessive grease laden vapors, moisture or heat is properly vented.
5. Facilities shall have mechanical refrigeration for facility use only.
Exception: License-Exempt facilities approved BEFORE October, 31, 1997
6. No carpeting or absorbent floor coverings in food preparation area.
7. Adequate preparation and storage equipment for hot foods.
8. Facilities with a capacity of 20 children or less shall have:

1. Cleaned as needed or at least daily.
2. Paper towels stored and dispensed in a manner that minimizes contamination. All equipment in good repair.
3. Facilities approved **AFTER October 31, 1991** have:
Enclosed with full walls and solid doors. Doors closed when not in use.
4. Facilities approved **AFTER October 31, 1999** have:
Mechanically vented to prevent molds and odors.
5. Hand washing sinks located in or immediately adjacent to the bathroom.
6. No carpeting or absorbent floor coverings.
7. Sufficient lighting for cleaning.
8. No storage of toothbrushes or mouthable toys.

J. INFANT/TODDLER UNITS

1. If food preparation occurs, shall have a sink for food preparation separate from the diapering hand washing sink.
2. Utensils used in the I/T Unit washed, rinsed and sanitized after each use with proper methods and equipment.

K. DIAPERING AREA

1. No utensils or toys washed, rinsed or stored in the diaper changing area.
2. Hand sink with warm running water located in the diapering area immediately accessible to the diapering surface.
3. Diapering surface smooth, easily cleanable, nonabsorbent, and in good repair.
4. Soiled diapers stored in a solid, nonabsorbent container with tight fitting lid located in diapering area.
5. Soiled diaper container emptied, washed, rinsed and sanitized daily.

L. REFUSE DISPOSAL

1. Adequate number of containers.
2. Clean, nonabsorbent, in sound condition.
3. Outside refuse area clean; containers covered at all times.
4. Inside food refuse containers covered as required.
5. Restrooms used by staff have covered refuse containers.

H. CATERED FOODS

1. Catered food from inspected and approved source.
2. Safe food temperature maintained during transport.
Temperature at arrival _____ ° F.
3. Facility using catered food exclusively shall have a hand washing sink in kitchen/food service area.
4. Facility not using single service utensils exclusively meets applicable dishwashing requirements as stated in Section G(8), or G(9), or G(10).
5. Food and food related items protected from contamination during transport.

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

SIGNATURE OF INSPECTOR

TELEPHONE

DATE _____

The inspector has discussed the issues marked by an asterisk (*) and/or marked by an (X) on this form. I agree to comply with these requirements.

SIGNATURE OF CHILD CARE PROVIDER

DATE _____