



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County St. LawrenceDate 03-15-21Facility Name Pepper's PlayhouseLicense Number 4261Purpose Mid-yearCapacity 88

## All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Sanitation Approved

Garbage and garbage bins maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

## Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground area clean, shaded, well drained and equipped and fence in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Playground equipment meets standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Age/Child/Staff Name
1.	1 year olds - 7 - Caregiver 1
2.	Empty
3.	3 year olds - 12 - Caregiver 2
4.	4 year olds - 7 - Caregiver 3
5.	3 year olds - 10 - Caregiver 4
6.	2 & 5 year olds - 16 - Caregiver 5
7.	

Center Director/Individual Carolyn LeeChild Care Representative Latika Bralchen

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIDate 03-15-21

Name <u>Leamer's Playhouse</u>	License No. <u>4861</u>
Address <u>36 Hwy 334 Oxford, MS</u>	<u>38155</u>
Center/Organization/Individual	
Purpose <u>mid-year</u>	Director <u>Carolyn Green</u>
Mileage Start _____	Mileage End _____
County <u>Leflore</u>	Telephone No. <u>662-236-5976</u>
Time In <u>8:30</u>	Time Out <u>10:11</u>
Total Time _____	

**Findings/Comments** Here to conduct a mid-year inspection. Upon arrival the licensing official met with: Mrs. Green.

The following were in compliance on today's visit:

- Current CCR & First Aid
- Current ASK for Staff
- Current MSDH 121 forms for staff and children
- Kitchen Rec'd on 14"
- Playground check list was not completed due to unpleasant weather

Well done ladies...

Carolyn Green  
Center Director/Designee/Individual

Trishia Bratcher  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <i>Parner's Playhouse 36 Hwy 334 Oxford, MS 38655</i>	Date <i>03-15-21</i>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p><i>NO CRITICAL VIOLATIONS Cited on today's visit. Facility Rec'd An "A"</i></p>	
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<input type="checkbox"/> 92020 Scheduled <input type="checkbox"/> 92030 Followup <input type="checkbox"/> 92040 Complaint <input type="checkbox"/> 92050 Consultation <input type="checkbox"/> 92070 Plan Review/Const. <input type="checkbox"/> 92080 No Inspection <input type="checkbox"/> 92090 Restaurant Training	<input type="checkbox"/> 92010 Permit No Charge <input type="checkbox"/> 92015 Permit 1 \$30.00 <input type="checkbox"/> 92011 Permit 2 \$100.00 <input type="checkbox"/> 92012 Permit 3 \$150.00 <input type="checkbox"/> 92013 Permit 4 \$200.00
Permit Date	Environmental Code <i>TA</i>

Please Remit within 10 days to:

*Willie Broken*  
Certified Manager

*Jimmy Scott*  
Licence Number

*Cathy Lee*

Facility Signature

Environmental Signature

White Copy - Facility  
Yellow Copy - PIMS  
Pink Copy- Environmentalist

Center Name

Kramer's Playhouse

Inspection Date

03-15-21

YES NO N/A

- ☐ ☐ ☐ 1 Playground fence less than 3 1/2" from surface (Rule 1 11 9 (8) pg 60) In good repair, with no gaps? (Rule 1 11 9 (8) pg 60)
- ☐ ☐ ☐ 2 2 entrances/exits, with one being remote from the building? (Rule 1 11 9 (8) pg 60)
- ☐ ☐ ☐ 3 Is surfacing adequate? If not, where is it inadequate? (CPSC 2 4 2 pg 9-10 & 4 3)
- ☐ ☐ ☐ 4 AC units, high-voltage cabling/wires inaccessible? (Rule 1 11 9 (5) pg 59)
- ☐ ☐ ☐ 5 No standing water present on playground or in/on playground equipment or walkways? (CPSC 2 4 2.2(5) pg 10 & Rule 1 11 11 (4) pg 61)
- ☐ ☐ ☐ 6 Toys & equipment in good repair? (none broken/deteriorating) (Rule 1 10 2 (2) pg 46)
- ☐ ☐ ☐ 7 Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3 6 pg 16-17)
- ☐ ☐ ☐ 8 All bolts on equipment & fence <2 threads beyond the nut? Are all bolts and fencing twists/wires facing away from the playground area? (Rule 1 11 9 (5) pg 59)
- ☐ ☐ ☐ 9 Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3 4, 3 5 pg 16)
- ☐ ☐ ☐ 10 Are use zones adequate? If not, where are they inadequate? (CPSC 5 3.9 pg 41)
- ☐ ☐ ☐ 11 If swings are present, are S-hooks in good repair? If not, state deficiency  
(CPSC 3.2, pg 14  
2 5 2 pg 1 & 5 3 8.1 pg 37)
- ☐ ☐ ☐ 12 If slide is present, is exit height/exit zone adequate? If not, state deficiency  
(CPSC 5 3 6 4-5 pgs 34-35)
- ☐ ☐ ☐ 13 Are spring rockers a minimum of 6 ft. apart? (ASTM 9 5 1 2 & CPSC 5 3 7 pg 36-37)
- ☐ ☐ ☐ 14 Is age-appropriate equipment being used? If not, state which pieces are inappropriate  
(Rule 1 10 2 pg 46  
& CPSC 2 2 6, pg 6)
- ☐ ☐ ☐ 15 Is playground area clean & free of hazards? If not, state deficiency.  
(Rule 1 11 11 (1), pg 61)
- ☐ ☐ ☐ 16 Is adequate shade present on the playground? (Rule 1 11 9 (7) pg 60 & CPSC 2 1 1, pg 5)
- ☐ ☐ ☐ 17 Are concrete footings located at least 6" beneath the surface? (Rule 1 10.2 (2) pg 46 & CPSC 3 6 pg 16-17)
- ☐ ☐ ☐ 18 Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2 5 5 pg 15)

Director

Caulyn Heen

Licensing Official

Tamika Bratcher

Unclement Weather (Rain)