



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 7Date 4/09/2021

Name	<u>Sweet Peas and Bumblebees</u>	License No.	<u>Pending</u>
Address	<u>219 East Chestnut Street Charleston</u>		
	Center/Organization/Individual		
Purpose	<u>Initial</u>	Director	
Mileage Start		Mileage End	
County	<u>Tallahatchie</u>	Telephone No.	<u>(662) 647-7929</u>
Time In	<u>11:15</u>	Time Out	<u>12:30</u>
		Total Time	

**Findings/Comments** Here for an initial inspection.  
The following items were given to the provider:  
- Fire Form #333  
Complaint Poster  
Handwashing Poster  
Child Care Regulation Summary  
Blue Star Code Book  
Fire/Emergency Drill Log  
Medication Log  
Sign in/Sign out form  
Accident/Incident form  
Child care enrollment form  
Playground Lead Test Information  
menus  
no Smoking poster

- Form #286 have been completed. - All items on these  
form must be compliance before a license is issued

Child care checklist has been given to the provider.

Floor Plans and max capacity have been discussed and  
signed by the licensing officials and provider.

Will follow-up on max capacity and playground  
measure.

Barney Williams  
 Center Director/Designee/Individual

Barbara Shogor  
 Child Care Representative  
Tamika Bratcher

White Copy - Facility File  
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Encounter  
(Continuation)**Date 7/09/2021Facility Name Sweet Peas and Bumble Bee License No. Pending

Items needed before a license can be issued,  
Food manager Certificate  
Fire Form #333  
Water Bill  
Sewer Bill  
Zoning letter  
Age of the Building (letter from the city)

Brandy Williams  
Center Director/Designee/Individual

Tamela Shoggy  
Child Care Representative  
Tamela Shoggy

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 7Date 8-13-2021Name Sweet Peas and Bumblebees License No. PendingAddress 299 East Chestnut Street Charleston

Center/Organization/Individual

Purpose Final Director Brandy Williams

Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_

County Tallahatchie Telephone No. (662) 483-5005Time In 10:00 Time Out \_\_\_\_\_ Total Time \_\_\_\_\_

**Findings/Comments** This visit is for possible final inspection for childcare license.

The facility has not met the required requirements for a temporary license.

Playground - not complete.  
Kitchen - not complete.

Please contact the licensing agency for any questions at 662-736-1570.

Brandy Williams  
Center Director/Designee/Individual

Rebecca Shogers  
Child Care Representative

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Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 1Date 8-24-2021

Name <u>Sweet Peas and Bumblebees</u>	License No. <u>Pending</u>
Address <u>299 East Chestnut Street Charleston</u>	
Center/Organization/Individual	
Purpose <u>final inspection</u>	Director <u>Brandy Williams</u>
Mileage Start	Mileage End
County <u>Tallahatchie</u>	Telephone No. <u>(662) 483-5005</u>
Time In <u>11:00</u>	Time Out
Total Time	

Findings/Comments Here to conduct a final inspection.

A review of the encounter of 7/09/2021 #2860 completed at the 7/09/2021 along with a walk-through shows that building, playground, and kitchen is in compliance.

Playground measure  $48 \times 16.33 = 783.84 \div 75 = 10.43$

$$\begin{array}{r} 3 \\ 31.35 \end{array}$$

Facility will open on September 09-01-2021.

Brandy Williams  
Center Director/Designee/Individual

Palma Shagoy  
Child Care Representative

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Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Data Sheet

Facility Name	<u>Sweet Peas/Bumble Bees</u>	Date	<u>4/09/2021</u>
Physical Address	<u>219 East Chestnut Street Oklauston</u>		
Operator	_____ Daytime Telephone Number _____		
<input checked="" type="checkbox"/> Commercial Facility	<input type="checkbox"/> Occupied Residence	_____ Year Building was constructed _____	
Total # of Floors	<u>2</u>	# of Floors Used for Child Care	<u>1</u>
# of Rooms	<u>6</u>	# of Rooms Used for Child Care	<u>3</u>
Construction: Masonry	_____	Brick	_____
Frame	<input checked="" type="checkbox"/>	Metal	_____
Other	_____		

## I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

### A. General

- | In                                  | Out                                 | NA                                  |  |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 2. Walls – <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 3. Floors – <input type="checkbox"/> clean <input checked="" type="checkbox"/> repair <input checked="" type="checkbox"/> paint <input type="checkbox"/> replace   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 5. Plug covers on all outlets.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 6. Barriers installed as needed – <input type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 8. Heating/cooling – <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other _____<br>Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9. Unapproved heaters (must be removed).   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 10. Adequate, proper heating and/or cooling systems.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 11. Child safe thermometers at child level in every room utilized by children.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 12. Adequate lighting. Note – All lights must be shielded.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 13. Telephone accessible to caregivers.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 14. Individual compartments or hooks for each child.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 15. Diaper changing stations in all rooms housing children who are not toilet trained.<br>Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations _____.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 17. Emergency evacuation plan posted.  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 18. Hot and cold running water at all handwashing sinks.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 19. Building constructed prior to 1965 has been tested for lead.   |

**B. Kitchen/Food Preparation Area (continued)**

Yes No NA

- ☐ ☒ ☐ 3. Install approved stove hood, vented to outside per fire codes.
- ☐ ☐ ☒ 4. Install separate freezer when 50+ children are served.
- ☐ ☐ ☒ 5. Install approved dishwasher. \_\_\_\_\_
- ☐ ☒ ☐ 6. Install three (3) compartment sink.
- ☐ ☐ ☒ 7. Install food preparation sink.
- ☐ ☐ ☒ 8. Install mop sink.
- ☐ ☒ ☐ 9. Install handwashing sink. Note – All sinks must have hot and cold water.

**C. Grounds**

Yes No NA

- ☐ ☒ ☐ 1. Install an approved play area with fence.
- ☐ ☒ ☐ 2. Remove all hazards including non-approved playground equipment.
- ☐ ☒ ☐ 3. Playground equipment must be approved before installation.
- ☐ ☒ ☐ 4. Playground must be completed before opening for business.
- ☐ ☒ ☐ 5. Safe arrival/departure areas.
- ☐ ☒ ☐ 6. Soil must be tested for lead.
- ☐ ☐ ☐ 7. Other \_\_\_\_\_

**II. Furniture And Equipment**

**A. Furniture**

Yes No NA

- ☐ ☒ ☐ 1. Appropriate
- ☐ ☒ ☐ 2. Child size
- ☐ ☒ ☐ 3. Adequate number

**B. Furniture**

Yes No NA

- ☐ ☐ ☐ 1. Approved location of laundry equipment
- ☐ ☒ ☐ 2. Toys appropriate for age available. (see Section X, 10-1, Regulations Governing Licensure of Child Care Facilities)
- ☐ ☒ ☐ 3. Approved bedding – ☐ cribs ☐ cots ☐ pads

**Note** – 24 hour and night time care require bedding with minimum 3 inch mattresses.

**III. Other**

Yes No NA

- ☐ ☒ ☐ Comply with local zoning, building and fire safety codes.

**IV. Recommendations** \_\_\_\_\_

Operator/Center/Date

White Copy - Facility File Yellow Copy - Operator  
Mississippi State Department of Health

Licensing Officer

Revised 12-17-08

Form No. 286



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**

County <u>Tallahatchie</u>	Date <u>8-27-2021</u>
Facility Name <u>Sweet Peas and Bumblebee</u>	License Number <u>Pending</u>
Purpose <u>Final Inspection</u>	Capacity <u>30</u>

**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 checked="" type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Room and playground capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Center capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
License/complaint visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Certified food manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Sanitation Approved**

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

**Possible Monetary Penalty**

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

	Age/Child/Staff Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**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 type="checkbox"/>
Playground equipment meets standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diaper changing stations adequate in number and each fully supplied (number \_\_\_\_\_)

Center Director/Individual

Child Care Representative

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



## Food Establishment Inspection Report

Establishment <i>Sweet Peas and Bumblobes</i>		Time in	
Address <i>499 East Chestnut St</i>	City/State <i>Charleston, W.V.</i>	Zip <i>38921</i>	Telephone <i>(602) 783-5005</i>
License/Permit#		Permit Holder	Risk Level <i>2</i>

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and R  
COS = corrected on-site during inspection R = repeat violation

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

**Risk Factors** are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks.

**Public health interventions** are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R
<b>Supervision</b>			
1	IN OUT		
Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A		
Manager certification			
<b>Employee Health</b>			
3	IN OUT		
Management awareness; policy present			
4	IN OUT		
Proper use of reporting, restriction & exclusion			
<b>Good Hygienic Practices</b>			
5	IN OUT N/O		
Proper eating, tasting, drinking, or tobacco use			
6	IN OUT N/O		
No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>			
7	IN OUT N/O		
Hands clean and properly washed			
8	IN OUT N/A N/O		
No bare hand contact with ready-to-eat foods			
9	IN OUT		
Adequate handwashing facilities supplied & accessible			
<b>Approved Source</b>			
10	IN OUT		
Food obtained from approved source			
11	IN OUT N/A N/O		
Food received at proper temperature			
12	IN OUT		
Food in good condition, safe, and unadulterated			
13	IN OUT N/A N/O		
Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>			
14	IN OUT N/A		
Food separated and protected			
15	IN OUT N/A		
Food - contact surfaces: cleaned & sanitized			
16	IN OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food			
<b>Potentially Hazardous Food (TCS food)</b>			
17	IN OUT N/A N/O		
Proper cooking time and temperatures			
18	IN OUT N/A N/O		
Proper reheating procedures for hot holding			
19	IN OUT N/A N/O		
Proper cooling time and temperature			
20	IN OUT N/A N/O		
Proper hot holding temperatures			
21	IN OUT N/A		
Proper cold holding temperatures			
22	IN OUT N/A N/O		
Proper date marking and disposition			
23	IN OUT N/A N/O		
Time as a public health control: procedure & records			

Compliance Status		COS	R
<b>Consumer Advisory</b>			
24	IN OUT N/A		
Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>			
25	IN OUT N/A		
Pasteurized foods used; prohibited foods not offered			
<b>Chemical</b>			
26	IN OUT N/A		
Food additives: approved and properly used			
27	IN OUT		
Toxic substances properly identified, stored, used			
<b>Conformance with Approved Procedures</b>			
28	IN OUT N/A		
Compliance with variance, specialized process, and HACCP plan			
29	IN OUT N/A		
Risk control plan as required			
<b>Other Critical Factors</b>			
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.			
30	IN OUT		
Water and ice from approved source			
31	IN OUT		
Insects, rodents, and animals not present			
32	IN OUT N/A		
Hot and cold water available; adequate pressure			
33	IN OUT N/A		
Plumbing installed; proper backflow devices			
34	IN OUT N/A		
Sewage and waste water properly disposed			
35	IN OUT		
Toilet facilities: properly constructed, supplied			
36	IN OUT N/A		
Permit/Last inspection posted			

Date	<i>8-27-2021</i>
Person in Charge (Signature)	<i>Bardy Uellano</i>
Inspector (Signature)	<i>Thelma Shoggy</i>



# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Sweet Peas and Buns 200 East Chestnut St Oxford MS.	Date 8-24-2021
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No critical violations	A
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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 ITS
Please Remit within 10 days to:	

Certified Manager

Licence Number

Facility Signature Bobby Williams
Environmental Signature Theodore Shagof

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