MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

# SANITATION INSPECTION REPORT
## LICENSED CENTERS, GROUP HOMES AND LICENSE-EXEMPT FACILITIES

| | |
|---|---|
| Arrival Time | 10:40AM |
| Departure Time | 11:45PM |
| Date | 5/13/2026 |

**CODES**
X = Non-Compliance Noted
N.O. = Not Observed
N.A. = Not Applicable
* = Discussed requirements with provider
IN = In Compliance

☐ Initial ☑ Annual ☐ Reinspection ☐ Lead ☐ Special Circumstances: _____

| FACILITY NAME | DVN | COUNTY CODE |
|---|---|---|
| Primrose Community Preschool, LLC | 002368989 | 157 |

| ADDRESS (Street, City, State, Zip Code) | INSPECTOR'S NAME (Print) |
|---|---|
| 4 W. South Street, Perryville, MO 63775 | Katelyn Krauss |

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

## A. GENERAL

| | |
|---|---|
| 1. Clean and free of unsanitary conditions. | X |
| 2. No environmental hazards observed. | IN |
| 3. No evidence of insects, spiders, rodents or pest entry points, or pest harborage. | X |
| 4. Well ventilated, no evidence of mold, noxious or harmful odors. | IN |
| 5. Screens on windows and doors used for ventilation in good repair. | IN |
| 6. No indication of lead hazards. | IN |
| 7. No toxic or dangerous plants accessible to children. | IN |
| 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. | X |
| 9. All sinks equipped with mixing faucets or combination faucets with hot and cold running water under pressure. | IN |
| 10. Hot water temperature at sinks accessible to children - 100° - 120° F. **Temp at time of Inspection** 111.0 °F. | IN |
| 11. Pets free of disease communicable to man. | N.A. |
| 12. Pets living quarters clean, and well maintained. | N.A. |
| 13. Reptiles are prohibited on the premises. Birds of the Parrot Family tested for Psittacosis. | N.A. |
| 14. Swimming/wading pools filtered, treated, tested and water quality records maintained. Meets local codes. | N.A. |
| 15. A minimum of 18" separation between drinking fountains & hand sinks. | N.A. |
| 16. No high hazards cross-connections. | IN |

## B. WATER SUPPLY (check type)

☑ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE

**PRIVATE SYSTEMS ONLY**

| | |
|---|---|
| 1. Constructed to prevent contamination. | N.A. |
| 2. **Meets DHSS-SCCR water quality requirements.**<br>**A.** Bacteriological sample results.<br>**B.** Chemical (Prior SCCR Approval Needed) | N.A. |

## C. SEWAGE (check type)

☑ COMMUNITY ☐ ON-SITE

**ON-SITE SYSTEMS ONLY**

| | |
|---|---|
| 1. **DNR Regulated System:**<br>Type:_____ | N.A. |
| 2. **DHSS Regulated System:**<br>Type:_____<br>**Meets DHSS-SCCR requirements.** | N.A. |
| 3. **Meets local requirements.** | N.A. |

## D. HYGIENE

| | |
|---|---|
| 1. Care givers and children wash hands using soap, warm running water and sanitary hand drying methods. | X |
| 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. | * |

## E. FOOD PROTECTION

| | |
|---|---|
| 1. Food from approved source and in sound condition; no excessively dented cans. | IN |
| 2. No use of home canned food. No unpasteurized milk. | IN |
| 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. | IN |
| 4. Precooked food reheated to 165°. | * |
| 5. Food requiring refrigeration stored at 41° F or below. *Corrected | X |
| 6. Refrigerator 41° F or below, accessible readable thermometer required. Foods in freezer frozen solid.<br>**Temp at time of Inspection** Note see page 3 ° F. | IN |
| 7. Metal stemmed thermometer reading 0° - 220° F in 2° increments for checking food temperatures. (Also use to check hot water temperature.) | IN |
| 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. | IN |
| 9. Food, toxic agents, cleaning agents not in their original containers properly labeled. *Corrected | X |
| 10. No food or food related items stored or prepared in diapering areas or bathrooms. | IN |
| 11. Food stored in food grade containers only. | IN |
| 12. Food thawed under refrigeration, 70° F running water, or microwave (if part of the cooking process). | * |
| 13. No animals in food preparation or food storage areas. | N.A. |
| 14. No eating, drinking, and/or smoking during food preparation. | * |
| 15. Food served and not eaten shall not be re-served to children in care. | * |
| 16. Refrigerated potentially hazardous foods properly marked with 7-day discard date after opening or preparation. | IN |

## F. CLEANING AND SANITIZING

| | |
|---|---|
| 1. All items requiring sanitizing shall be washed, rinsed and sanitized with approved agents, methods, and concentrations. | IN |
| 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 infanl/toddler spaces. | N.A. |
| **C.** Infanl/Toddler toys used during the day. | N.A. |
| 5. Walls, ceilings, and floors clean and in good repair. Cleaned and sanitized when contacted by body fluids. | X |
| 6. Appropriate test strips available and used to check proper concentration of sanitizing agents. | IN |
| 7. Soiled laundry stored and handled in a manner which does not contaminate food, food related items and child contact items. | * |

Centers, Group Homes and License-Exempt Facilities
**Sanitation Inspection Report**

| FACILITY NAME | DVN | DATE |
|---|---|---|
| Primrose Community Preschool, LLC | 002368989 | 5/13/2026 |

## G. FOOD EQUIPMENT AND UTENSILS

| | |
|---|---|
| **1.** Single service items not reused. | IN |
| **2.** All food equipment and utensils in good repair. | IN |
| **3.** Food preparation and storage areas have adequate lighting. | IN |
| **4.** Kitchen equipment that produces excessive grease laden vapors, moisture or heat is properly vented. | IN |
| **5.** Facilities shall have mechanical refrigeration for facility use only. **Exception: License-Exempt facilities approved BEFORE October 31, 1997** | IN |
| **6.** No carpeting or absorbent floor coverings in food preparation area. | IN |
| **7.** Adequate preparation and storage equipment for hot foods. | IN |
| **8.** Facilities with a capacity of **20 children or less** shall have: | |
| **A.** Mechanical dishwasher 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. | N.A. |
| **B.** If a mechanical dishwasher is used, a minimum of two sinks located in food preparation area labeled as: 1) Hand washing only 2) Food preparation only. | N.A. |
| **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 the mechanical dishwasher; or use a 3 compartment sink. | N.A. |
| **B.** If a mechanical dishwasher is used, a minimum of two sinks located in food preparation area labeled as: 1) Hand washing only 2) Food preparation only. | N.A. |
| **10.** Facilities with a capacity of more than 20 children approved **AFTER October 31, 1991 shall have:** | |
| **A.** Facility located in provider's residence shall have separate food preparation and storage areas. | N.A. |
| **B.** A commercial dishwasher or a 3 compartment sink in addition to a separate hand washing sink. | IN |
| **C.** If a commercial dishwasher is used, a sink located in food preparation area labeled as food preparation. | * |

## H. CATERED FOODS

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

## I. BATHROOMS

| | |
|---|---|
| **1.** Cleaned as needed or at least daily. | IN |
| **2.** Paper towels stored and dispensed in a manner that minimizes contamination. All equipment in good repair. | IN |
| **3.** Facilities approved **AFTER October 31, 1991 have:** *Corrected | |
| Enclosed with full walls and solid doors. Doors closed when not in use. | X |
| **4.** Facilities approved **AFTER October 31, 1998 have:** | |
| Mechanically vented to prevent molds and odors. | IN |
| **5.** Hand washing sinks located in or immediately adjacent to the bathroom. | IN |
| **6.** No carpeting or absorbent floor coverings. | IN |
| **7.** Sufficient lighting for cleaning. | IN |
| **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. | N.A. |
| **2.** Utensils used in the I/T Unit washed, rinsed and sanitized after each use with proper methods and equipment. | N.A. |

## K. DIAPERING AREA

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

## L. REFUSE DISPOSAL

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

| SECTION # | OBSERVATIONS |
|---|---|
| Note(s): | Lunch:<br>Pizza/ cooked in oven: 202.0F<br>Milk/ Frigidaire: 47.0F * Voluntarily discarded<br><br>Follow- up inspection on 6/15/2026 |

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

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 INSPECTOR | TELEPHONE | DATE | SIGNATURE OF CHILD CARE PROVIDER | DATE |
|---|---|---|---|---|
| Kathryn Krause | (573) 547-6564 | 5/13/2026 | RR | 5/13/2026 |

Centers, Group Homes and License-Exempt Facilities
**Sanitation Inspection Report**

| FACILITY NAME: | DVN: | DATE |
|---|---|---|
| Primrose Community Preschool, LLC | 002368989 | 5/13/2026 |

| SECTION # | OBSERVATIONS |
|---|---|
| Note(s): | - Equipment temperatures:<br>Frigidaire cooler/freezer in kitchen: 35.0F / Frozen G.E. cooler/freezer in office: 36.0F / Frozen<br>Kenmore freezer in office: Frozen<br>Handwash sink in boys bathroom: 115.0F<br>Handwash sink in girls bathroom: 115.0F |
| Note(s): | - Sanitizing food contact surfaces:<br>Pure Force dishwasher serviced by ECOlab - sanitizes mechanically using approved low-temperature chlorine sanitizer at a concentration of less than 100 parts per million (ppm). Inspector verified it with a test strip.<br><br>- Concentrations of labeled sanitizer spray bottles containing approved Clorox bleach sanitizer throughout daycare areas for sanitizing non-food contact surfaces:<br>- Pre-K classroom: 100 ppm<br>- 3's classroom: 1000 ppm<br>- 2's classroom: 100 ppm<br>- Girls bathroom: 100ppm<br>Inspector verified all sanitizing concentrations using a chlorine test kit. |
| A1 | Observation:A chair observed torn and damaged in the 2's room.<br>Required: Clean and free of unsanitary conditions.<br>Corrected: Owner got rid of chair during inspection.<br>Observed: Children items like blankets in their cubbyholes not separated from others in 2's room.<br>Required: Clean and free of unsanitary conditions, such as kids bedding not touching other kids items.<br>Corrected: Owner fixed blankets in cubbyholes.<br>Observed: Stage in the 2's room, pirate ship and activity boxes outside in playground observed to have paint chipping.<br>Required: Peeling paint must be scraped and the debris removed. |
| E9 | Observation: Multiple cleaning chemicals were found not in there original containers, in spray bottles, and were not properly labeled. Fabuloso was found in the girls bathroom, the 2 year old room, 3's room and in pre-k room. In 2's room a spray bottle of lavender water not labeled. Bottle of almond milk and coconut milk observed in a smaller container were not labeled in Frigidaire cooler.<br>Required: Food, toxic agents, cleaning agents not in their original containers properly labeled.<br>Corrected: Owner labeled each bottle of Fabuloso, lavender water, almond milk and coconut milk during inspection. |

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.

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 INSPECTOR | TELEPHONE | DATE | SIGNATURE OF CHILD CARE PROVIDER | DATE |
|---|---|---|---|---|
| Kathryn Krause | (573) 547-6564 | 5/13/2026 | RR | 5/13/2026 |

Centers, Group Homes and License-Exempt Facilities
**Sanitation Inspection Report**

| FACILITY NAME: | DVN: | DATE |
|---|---|---|
| Primrose Community Preschool, LLC | 002368989 | 5/13/2026 |

| SECTION # | OBSERVATIONS |
|---|---|
| F5 | Observed: A couple ceiling tiles in the 2 year old room observed to be not in good repair.<br>Required: Walls, ceilings, and floors clean and in good repair.<br>Observed: In pre-k room the blue rug and red rug observed to have a lot of dirt like debris under rugs.<br>Required: Walls, ceilings, and floors clean and in good repair.<br>Corrected: Owner cleaned under both rugs during inspection. |
| E.5 | Observed: A gallon of milk located in the door of the Frigidaire cooler observed to be temping at 47.0F during inspection.<br>Required: Food requiring refrigeration stored at 41° F or below.<br>Correct: Owner voluntarily discarded the milk and will not be storing the milk in the door of the Frigidaire cooler. |
| I.3 | Observed: Boys and girls bathroom doors were opening when not in use.<br>Required: Doors closed when not in use.<br>Corrected: Employee closed both doors during inspection. |
| A.3 | Observed: Exterior door leading to playground has light showing in bottom corner.<br>Required: Repair weather stripping to prevent possible entry of pest. |
| A.8 | Observed: Three bottles of medicine was observed in the 2's room on a shelf.<br>Required: Medicines and other toxic agents not accessible to children.<br>Corrected: Owner moved the three bottles of medicines to the kitchen where they have a box for all medicines. |

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.

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 INSPECTOR | TELEPHONE | DATE | SIGNATURE OF CHILD CARE PROVIDER | DATE |
|---|---|---|---|---|
| Kathryn Krause | (573) 547-6564 | 5/13/2026 | RR | 5/13/2026 |