



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection Report

HUDSON'S HOME DAY CARE

License #: 1365

Director: BOBBIE HUDSON

Inspection Date: 04/27/2023

Annual/Mid Inspection

Inspector: Paulette Elliott

### Program Administration Violations Cited

1. **Out of Compliance:** Current menu is posted. (Rule 1.4.6(C) Page 18)
2. **Out of Compliance:** Valid, up-to-date fire inspection form (#333) is on file. (Rule 1.2.5 Page 10)

#### Plan of Correction

1. **POC:** Based on review of facility records, the two week cycle of menus Form 444, was not completed prior to renewal inspection. Person responsible for maintaining compliance of record deficiencies will be Mrs. Bobbie Hudson, Operator. Compliance due for completion by 05/31/2023.  
**Person Responsible:** Bobbie Hudson **Date for Completion:** Due By 05/31/2023
2. **POC:** Based on review of facility records, the Fire Survey Form 333, was not completed prior to renewal inspection. Person responsible for maintaining compliance of record deficiencies will be Mrs. Bobbie Hudson, Operator. Compliance due for completion by 05/31/2023.  
**Person Responsible:** Bobbie Hudson **Date for Completion:** Due By 05/31/2023

### Kitchen Violations Cited

No violations cited.

### Nutritional Guidelines Violations Cited

No violations cited.

### Playground Violations Cited

No violations cited.

### Preschool Classroom Violations Cited

RM 2 - Classroom Number: 2

No violations cited.

Preschool Classroom - Classroom Number: 2

### **Legend**

- COS: Corrected on Site
- POC: Plan of Correction

### **Child Care Director Signature**

A handwritten signature in black ink that reads "Bobbie Hudson". The script is cursive and fluid.

### **MSDH Licensure Representative Signature**

A handwritten signature in black ink that reads "Jennifer Zivote". The script is cursive and fluid.