



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection Report

KID KOUNTRY

License #: 0857

Director: MITZI POTTS

Inspection Date: 03/23/2023

Annual/Mid Inspection

Inspector: Kristen Taylor

Program Administration Violations Cited

1. **Out of Compliance:** All required facility records are present and up-to-date: (1) child and employee attendance records, (2) alphabetical roster of children, (3) alphabetical roster of staff and volunteers, (4) current license, (5) records of monthly fire /disaster drills, (6) medication log, (7) volunteer log, (8) notebook of 121 forms for staff members and children w/roster, (9) notebook with Letters of Suitability for all employees w/roster. (Rule 1.6.3 Page 29)

Plan of Correction

1. **POC:** During review of records, CCFI observed several children that need updated 121s. The facility will have updated 121s on file at the facility by April 6th. Once received, facility will send copies to CCFI. If the facility does not have updated 121s on file by April 6th, the children cannot return until there is.
Person Responsible: Director **Date for Completion:** April 6, 2023

Kitchen Violations Cited

No violations cited.

Nutritional Guidelines Violations Cited

No violations cited.

Playground Violations Cited

No violations cited.

Twos Classroom Violations Cited

Room 2 - Classroom Number: 2

No violations cited.

Twos Classroom - Classroom Number: 2

Legend

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

Child Care Director Signature

A handwritten signature in black ink. The first name is "Mitzi" and the last name is "Potts". The signature is written in a cursive, flowing style.

MSDH Licensure Representative Signature

A handwritten signature in black ink. The name is "Kristen Taylor". The signature is written in a cursive, flowing style.