



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County <u>Marion</u>	New Hope Christian School 508 New Hope Church Rd., Foxworth, MS 39482 601-467-6775 Lic. No.: <b>46CDRA-6689</b>	<u>1.27.21</u>
Facility Name _____	Director: Tiffany Verucchi	e Number _____
Purpose <u>Mid year</u>	Capacity <u>109</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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Sanitation Approved

	In	Out	COS	N/A
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Possible Monetary Penalty

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

	Age/Child/Staff Name
1.	
2.	
3.	<u>See 2nd Encounter</u>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plan of activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Building and Grounds

	In	Out	COS	N/A
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" 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 checked="" type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Center Director/Individual Tiffany VerucchiChild Care Representative Shanatha Benn



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 8Date 1.27.21

Name \_\_\_\_\_ New Hope Christian School  
 Address \_\_\_\_\_ 508 New Hope Church Rd., Foxworth, MS 39482  
 601-467-6775 Lic. No.: **46CDRA-6689**  
 Director: Tiffany Verucchi

Purpose Mid-year

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

County Marion Telephone No. \_\_\_\_\_Time In 9:05 Time Out 9:50 Total Time \_\_\_\_\_Findings/Comments Mid year inspection conducted.No deficiencies observed during inspection.Good Job!Survey card given to director.

Tiffany Verucchi  
 Center Director/Designee/Individual

Sharetha Benson  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

New Hope Christian School  
 508 New Hope Church Rd., Foxworth, MS 39482  
 601-467-6775 Lic. No.: 46CDRA-6689  
 Director: Tiffany Verucchi

# Child Care Encounter (Continuation)

Date 1.27.21

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_

Room	Age	# Child	Staff
3	4	5	
4	SA	5	
1	SA	9	
3	SA	6	
2	SA	10	
6	SA	10	

Tiffany Verucchi  
 Center Director/Designee/Individual

Shanetha Bennett  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator

Center Name \_\_\_\_\_

Inspection Date 2.27.21

- | YES                                 | NO                       | NA                                  |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Playground fence less than 3 1/4" from surface. (Rule 1.11.9 (3), pg 48) In good repair, with no gaps? (Rule 1.11.9 (3), pg 48)                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 48)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. A/C units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 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 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 11. If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 11)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 3.6.4-5 pgs 3)   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.3, pg 37)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 49)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 3)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 18. Is wood smooth? Documentation provided that wood has been properly treated. (CI 2.5.5)  |

Director Tiffany Verucchi

Licensing Official Shanice Brown