



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County HarrisonDate 10-24-18Facility Name Cedar Lake Christian Assembly License Number 0719Purpose Mid-Year Capacity 129

## All Items In Red Are Critical

Qualified director present  
Proper staff to child ratio present  
Room and playground capacity met  
Center capacity met  
License/complaint visible  
Certified food manager

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

## Sanitation Approved

Garbage and garbage bins maintained  
Vector control maintained  
Water system approved and functioning  
Waste water system approved and functioning  
Food service approved

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Possible Monetary Penalty

1. \_\_\_\_\_ Monetary Penalty \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_

## Other Items - Must be corrected

Children's belongings separated/stored  
Evacuation plans posted  
Menus posted and served  
Plan of activities

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
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Lighting approved  
Heating/cooling approved  
Ventilation adequate  
Glass approved and shielded  
Telephone on premises, available,  
and functioning

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical outlets protected  
Large appliances located properly  
Sinks and toilets working properly  
Hot water at all sinks, not to  
exceed 120°  
Children barred from kitchen  
Vending machine snacks meet  
nutritional guidelines, if present  
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"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exits unobstructed  
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"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

aid kits stocked and easily accessible

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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round area clean, shaded, well  
d and equipped and fence in good

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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round equipment meets standards

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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area clean, fenced, and adequately  
ained

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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er changing stations adequate in  
er and each fully supplied  
ber \_\_\_\_\_)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual

[Signature]

Child Care Representative

[Signature]

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 9Date 10-24-18Name Cedar Lake Christian Assembly Preschool License No. 6719Address 11555 Cedar Lake Road, Biloxi, MS

Center/Organization/Individual

Purpose Mid-Year Director Robin Carey

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

County Harrison Telephone No. 228-392-4227

Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Total Time \_\_\_\_\_

## Findings/Comments

No violations observed during.  
 Staff and children's records are in compliance.

Great job!

Robin Carey  
 Center Director/Designee/Individual

Monique Fairley  
 Child Care Representative


White Copy - Facility File  
 Yellow Copy - Operator

# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <i>Cedar Lake Christian Assembly</i>	Date <i>10-24-18</i>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p><i>No Violations Observed</i></p> <p style="text-align: center;"></p>	
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*Michelle Park* ServSafe  
 Certified Manager Licence Number  
*Ex. 16/26/23*

- |  |  |
|--|--|
| <input type="checkbox"/> 92020 Scheduled           | <input type="checkbox"/> 92010 Permit No Charge  |
| <input type="checkbox"/> 92030 Followup            | <input type="checkbox"/> 92015 Permit 1 \$30.00  |
| <input type="checkbox"/> 92040 Complaint           | <input type="checkbox"/> 92011 Permit 2 \$100.00 |
| <input type="checkbox"/> 92050 Consultation        | <input type="checkbox"/> 92012 Permit 3 \$150.00 |
| <input type="checkbox"/> 92070 Plan Review/Const.  | <input type="checkbox"/> 92013 Permit 4 \$200.00 |
| <input type="checkbox"/> 92080 No Inspection       |  |
| <input type="checkbox"/> 92090 Restaurant Training |  |

Permit Date

Environmentalist Code

Facility Signature  
*Robin Lamy*

Environmentalist Signature  
*Monique Fairley*

Please Remit within 10 days to:

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

# Child Care Licensure Playground Checklist

Center Name Cedar Lake Christian Preschool Inspection Date 10-24-18

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 13)
- ☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 5.3.6.4-5 pgs 34-35)
- ☐ ☐ ☒ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 36)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 49)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director Robin Carey Licensing Official Monique Farley