



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County AlcornDate 7/23/2021Facility Name The Giving Tree IILicense Number PendingPurpose InitialCapacity 79**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 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 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

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"/>

Possible Monetary Penalty

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

	Age/Child/Staff Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	

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 checked="" 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

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

Lighting approved
 Heating/cooling approved
 Ventilation adequate
 Glass approved and shielded
 Telephone on premises, available, and functioning

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"/>

Electrical outlets protected
 Large appliances located properly
 Sinks and toilets working properly
 Hot water at all sinks, not to exceed 120°

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"/>

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

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 checked="" 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"/>

Exits unobstructed
 Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order

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"/>

First aid kits stocked and easily accessible

In	Out	COS	N/A
<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

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

Playground equipment meets standards

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

Pool area clean, fenced, and adequately maintained

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

Diaper changing stations adequate in number and each fully supplied (number 3)

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

Center Director/Individual

Sandra Sabghin

Child Care Representative

Kimberly Turk



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 2Date 7/23/2021

Name	<u>The Giving Tree II</u>	License No.	<u>Pending</u>
Address	<u>19 CR 215, Corinth, MS 38834</u>		
	Center/Organization/Individual		
Purpose	<u>Initial Inspection</u>	Director	<u>Sandra D. Gahagan</u>
Mileage Start	<u>—</u>	Mileage End	<u>—</u>
County	<u>Alcorn</u>	Telephone No.	<u>662-286-1933</u>
Time In	<u>9:40</u>	Time Out	<u>11:50</u>
		Total Time	<u>—</u>

Findings/Comments Here for an initial inspection.CCFI received the following:

- CPR/First Aid Certificate
- Water/Sewer Bill
- Kitchen received an "A"; no critical violations in the kitchen

CCFI requested the following:

- Owner/Director's Letter of Suitability
- Liability Statement

The following must be corrected: (Form 286)

- Playground fence gate needs repair
- Playground slide needs surfacing left all around
- Hot water heater in bathroom must be covered/blocked off

Form 281 & Form 286 have been completed. anything marked at must be corrected before a temporary license can be issued.Owner will contact CCFI, was corrections have been made.Facility max capacity has been set at 79; based on room size. Floor plans and max capacity have been discussed, reviewed, and signed by owner.

Sandra Gahagan
Center Director/Designee/Individual

Kristen Taylor
Child Care Representative
Kimberly Cook

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name The Giving Tree II Date 7/23/2021
 Physical Address 19 CR 215; Corinth, MS 38834
 Operator Sandra D. Gahagan Daytime Telephone Number _____
☒ Commercial Facility ☐ Occupied Residence 1988 Year Building was constructed _____
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 8 # of Rooms Used for Child Care 8
 Construction: Masonry ☒ Brick ☒ Frame _____ Metal _____ Other _____

I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

A. General

- | In | Out | NA | |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Floors – <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Plug covers on all outlets. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Barriers installed as needed – <input checked="" type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heating/cooling – <input type="checkbox"/> gas <input checked="" type="checkbox"/> electric <input type="checkbox"/> other _____
Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Unapproved heaters (must be removed). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Adequate, proper heating and/or cooling systems. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Child safe thermometers at child level in every room utilized by children. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Adequate lighting. Note – All lights must be shielded. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Telephone accessible to caregivers. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Diaper changing stations in all rooms housing children who are not toilet trained.
Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations <u>3</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input checked="" type="checkbox"/> waste water <input checked="" type="checkbox"/> water supply |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Emergency evacuation plan posted. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Hot and cold running water at all handwashing sinks. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. |

B. Kitchen/Food Preparation Area

In Out NA

- ☒ ☐ ☐ 1. Adequate refrigeration with thermometer.
- ☒ ☐ ☐ 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared.
- ☒ ☐ ☐ 3. Approved stove hood, vented to outside per fire codes.
- ☒ ☐ ☐ 4. Separate freezer when 50+ children are served.
- ☒ ☐ ☐ 5. Approved dishwasher. _____
- ☒ ☐ ☐ 6. Three (3) compartment sink.
- ☒ ☐ ☐ 7. Food preparation sink.
- ☐ ☐ ☒ 8. Mop sink.
- ☒ ☐ ☐ 9. Handwashing sink. Note - All sinks must have hot and cold water.

C. Grounds

In Out NA

- ☐ ☒ ☐ 1. Approved play area with fence.
- ☒ ☐ ☐ 2. All hazards including non-approved playground equipment removed.
- ☒ ☐ ☐ 3. Playground equipment approved before installation.
- ☒ ☐ ☐ 4. Playground completed before opening for business.
- ☒ ☐ ☐ 5. Safe arrival/departure areas.
- ☒ ☐ ☐ 6. Soil tested for lead.
- ☐ ☒ ☐ 7. Other soft around slide (surfacing)

II. Furniture And Equipment**A. Furniture**

In Out NA

- ☒ ☐ ☐ 1. Appropriate
- ☒ ☐ ☐ 2. Child size
- ☒ ☐ ☐ 3. Adequate number

B. Equipment

In Out NA

- ☐ ☐ ☒ 1. Approved location of laundry equipment
- ☒ ☐ ☐ 2. Recommended toys appropriate for ages of children are available.
- ☒ ☐ ☐ 3. Approved bedding - ☐ cribs ☐ cots ☐ pads
- Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

In Out NA

- ☒ ☐ ☐ Complies with local zoning, building and fire safety codes.

IV. Recommendations

Operator/Center/Date

White Copy - Facility File Yellow Copy - Operator
Mississippi State Department of Health

Licensing Officer

Revised 8-05-09

Form No. 286

Food Service Facility Inspection Results

PIMS ID KT2	Facility Name, Address The Giving Tree II 1701 215 Coxville, MS 38924	Date 7/23/2021
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p>Kitchen received an "A". No critical violations in the kitchen.</p>	
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- ☐ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☐ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

S. Gahagan
Certified Manager

Trudine
Licence Number

Permit Date

Environmental Code

Please Remit within 10 days to:

Facility Signature

Environmental Signature

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

Child Care Licensure Playground Checklist

Center Name The Giving Tree II

Inspection Date 7/23/21

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, pg8)
Surfacing needed 6-ft around slide
- ☒ ☐ ☐ 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, pg13)
- ☒ ☐ ☐ 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.
Front fence gate needs redone (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 Sandra Baber Licensing Official Kristen Taylor, CCFI 2

Kimberly Clark



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 2Date 7/27/2021

Name	<u>The Giving Tree II</u>	License No.	<u>Pending</u>
Address	<u>19 CR 215; Corinth, MS 38824</u>		
	Center/Organization/Individual		
Purpose	<u>Final Inspection</u>	Director	<u>Sandra D. Gahagan</u>
Mileage Start	<u>—</u>	Mileage End	<u>—</u>
County	<u>Alcorn</u>	Telephone No.	<u>662-286-1933</u>
Time In	<u>1:00</u>	Time Out	<u>1:40</u>
		Total Time	<u> </u>

Findings/Comments Here to conduct final inspection.

The following outs from 286 & 281 have been corrected:

- Playground surfacing has been placed around slide (6 ft, 9 inches deep)

- Playground exit gate fence has been fixed.

- Hot water heater in bathroom has been covered/inaccessible to children.

The owner will send liability statement to CCFI by Friday, July 30.

All other child care checklist items have been received.

Once liability statement is received, the facility will be issued temporary license August 1 once license fee has been paid.

Sandra Gahagan
Center Director/Designee/Individual

Kristen Taylor
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 2Date 7/28/2021Name The Giving Tree II License No. PendingAddress 19 CR 215; Corinth, MS 3882A
Center/Organization/IndividualPurpose Follow-Up Director Sandra D. GahaganMileage Start — Mileage End —County Alcorn Telephone No. 662-286-1933

Time In _____ Time Out _____ Total Time _____

Findings/Comments CCFI received liability statement for facility.

Center Director/Designee/Individual

Kristen Taylor
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator