



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**

County Greene Date July 2, 2019

Facility Name Bettie's ABC Advanced License Number 7919

Purpose Temp. tr. Reg. Capacity 75

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

**Sanitation Approved**

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 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.	Form # 277
2.	
3.	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities	<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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

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

Center Director/Individual Laysha A. StreetChild Care Representative Anna Hubbs



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 8Date July 2, 19

Name	<u>Bettie's ABC Advanced Children</u>		License No.	<u>7919</u>
Address	<u>1575 Industrial Park Rd. Lakesville</u>		<u>39451</u>	
Center/Organization/Individual				
Purpose	<u>Temp-to-Reg</u>	Director	<u>Nesha Street</u>	
Mileage Start		Mileage End		
County	<u>Meene</u>	Telephone No.	<u>601-394-4001</u>	
Time In	<u>9:30</u>	Time Out		
		Total Time		

Findings/Comments met with Designee Lakesha StreetStaff Record - in complianceContact hours must be earned by Feb. 29, 2020.10 outside hours and 5 inhouse hours = 15 hoursChildren Record - in complianceBuilding - no violations observedPlayground - no violations observedKitchen "A"T.A. provided Appendix C I (3) Outside foods shall be brought into the facility.Appendix IV Child Requiring a Special Diet

Lakesha A. Street  
Center Director/Designee/Individual

Ann A. Walker  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name Betties ABC License No. 7419 Date 7-2-19

- |     | Yes                                 | No                       | N/A                                 |  |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Policies and procedures (<i>Parent's Handbook</i>)</b> {Rule 1.4.1}   |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)} |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Approved arrival and departure procedures {Rule 1.4.1 (2)}   |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}  |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Attendance records for children and staff {Rule 1.6.3 (1)}   |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Current alphabetical roster of children ( <i>includes date of birth</i> ) {Rule 1.6.3 (2)}   |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Current staff roster ( <i>includes date of birth &amp; date of hire</i> ) {Rule 1.6.3 (3)}   |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Monthly records of fire/disaster drills {Rule 1.6.3 (5)}   |
| 9.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Medication record with date, time, signature for 90 days</b> {Rule 1.6.3 (6)}   |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Immunization Records for Children and Staff {Rule 1.6.3 (8)}   |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Personnel records</b> ( <i>attach employee's records form</i> ) {Rule 1.6.4}  |
| 12. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Volunteer records {Rule 1.6.5 & Rule 1.6.6}  |
| 13. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Children records</b> ( <i>attach children's records form</i> ) {Rule 1.6.7}   |
| 14. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Reports of serious occurrences made as required</b> {Rule 1.7.1}  |
| 15. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Communicable diseases reported as required</b> {Rule 1.7.3}   |
| 16. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}  |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Staff present who hold valid CPR and First Aid Certification</b> {Rule 1.8.1 (4) & (5)}   |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Age appropriate program of activities posted in each room {Subchapter 9}   |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Required toys present in infant room {Rule 1.10.1 (2)}   |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Required toys present in toddler room {Rule 1.10.1 (3)}  |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Required toys present preschool room {Rule 1.10.1 (4)}   |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Licensed pest control contractor {Rule 1.11.14}  |
| 23. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pets present ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}  |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Appropriate discipline policy followed</b> {Subchapter 14}  |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Appropriate transportation policy followed</b> {Subchapter 15}  |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Infant feeding schedules posted ( <i>Appendix C, VII</i> )   |

## Comments/Recommendations

You have 14 days for an expired 121 form

- ☒ Pass –  
 License to be issued: ☐ Regular ☐ Probational ☐ Restricted  
☐ Fail  
☐ Follow-up within \_\_\_\_\_ days

☒ Director ☐ Designee

Anna Phillips  
 Child Care Representative

# Child Care Licensure Playground Checklist

Center Name Bertie's ABC Advanced CC Inspection Date 7-2-19

YES NO N/A

- |                                     |                          |                                     |     |   |
|-------------------------------------|--------------------------|-------------------------------------|-----|---|
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 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)                                 |
| <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 (8), 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, pg8)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4.  | AC 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg13)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. | If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 5.3.6.4-5 pgs 34-35)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 1.10.2, pg 36)  |
| <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 5)   |
| <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. (CPSC 2.5.5)  |

Director

Lakisha A. Street

Licensing Official

Anna L. Miller



# Food Service Facility Inspection Results

PIMS ID 7419	Facility Name, Address Baltic ABC	Date 7-2-19
-----------------	--------------------------------------	----------------

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

	No Violations Observed (A)
--	----------------------------------

- ☐ 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

Permit Date

2-29-19

Environmentalism Code

AWG

Please Remit within 10 days to:

Lakeisha Trent Jenny Saxe  
 Certified Manager Licence Number 5-24-24

Facility Signature

Environmentalism Signature

White Copy - Facility  
 Yellow Copy - PIMS  
 Pink Copy - Environmentalism