



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District _____	#3460 LITTLE DREAMERS CHILD CARE	Date <u>01/09/2019</u>
Name _____	CENTER	License No. <u>45CDPFA-3460</u>
Address _____	106 PINE KNOLL DR RIDGELAND MS 391571372 ismith1313@bellsouth.net	r/Organization/Individual _____
Purpose <u>Renewal Technical Assistance</u>	Director <u>Jackie Smith</u>	
Mileage Start _____	Mileage End _____	
County <u>Madison</u>	Telephone No. <u>601 957-7000</u>	
Time In <u>10:55am</u>	Time Out <u>1:04 pm</u>	Total Time _____

Findings/Comments Upon arrival, MSDH licensing official Tonya Broger met with Ms. Jackie Smith, owner/director #1. The purpose of the visit was acknowledged and the following observations were made:

- No critical violations were observed regarding the facility building and grounds
 - Recommendation for removal of fallen tree limbs, pine straw, cutting of tree limb above composite equipment, re-painting of tree roots and removal of trash items from the play ground area. Director #1 called to schedule services during the inspection.
- No critical violations were observed regarding the facility kitchen/food prep area. The Food Manager Certification (Tummy Safe) will expire 02/21/2019. The facility will provide verification of the current certification, as applicable.
- Staff records: The facility will have 14 days to provide the requested staff Form 121 (See Form 289). Technical assistance provided regarding staff return to the facility with a current, valid Form 121.
- Childrens records: The facility will have 14 days to provide the requested childrens Form 121 (See Form 289). Technical assistance provided regarding the childrens return to the facility with a current, valid Form 121.
- A green survey card and MSDH staff contact card was provided to owner/director #1

Class I II violations may result in a monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension or revocation of license.

White Copy - Facility File
Yellow Copy - Operator

Jackie Smith
Center Director/Designee/Individual

[Signature]
Child Care Representative



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

#3460 LITTLE DREAMERS CHILD CARE

County CENTER Date 01/09/2019
106 PINE KNOLL DR
Facility Name RIDGELAND MS 391571372 License Number _____
ismith1313@bellsouth.net
Purpose _____ Capacity 96

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. _____	\$ _____

Lunch
Period

	Age/Child/Staff Name
1.	3yrs / 12 / Caregiver #1
2.	Infants / 9 / Caregiver #2, #3, #4,
3.	#5 (new hire) changing over for breakfast
4.	1yrs / 6 / Caregiver #6
5.	2yrs / 7 / Director #1
6.	Older 2's / 12 / Caregiver #7
7.	4yrs / 15 / Caregiver #8

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"/>
(Form 333 due 03/2019)				
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 (TA)	<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 <u>3</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

[Signature]

Child Care Representative

Food Service Facility Inspection Results

#3460 LITTLE DREAMERS CHILD CARE

CENTER

106 PINE KNOLL DR

RIDGELAND MS 391571372

ismith1313@bellsouth.net

PIMS ID

Facility Name, Address

Date

01/09/2019

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

- No critical violations observed during the inspection.

- Letter grade "A" rec'd

- ☐ 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

Environmental Code

TB, 05

Please Remit within 10 days to:

Jackie L. Smith

Certified Manager

Turning Safe

Licence Number

Exp. 02/21/2019

Facility Signature

Environmental Signature

White Copy - Facility

Yellow Copy - PIMS

Pink Copy- Environmental



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _____ License No. #3460 Date 01/09/2019

- | | Yes | No | N/A | |
|-----|-------------------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Policies and procedures (Parent's Handbook) {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 (includes date of birth) {Rule 1.6.3 (2)} |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current staff roster (includes date of birth & date of hire) {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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medication record with date, time, signature for 90 days {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)} (TA) |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personnel records (attach employee's records form) {Rule 1.6.4} |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Volunteer records {Rule 1.6.5 & Rule 1.6.6} |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Children records (attach children's records form) {Rule 1.6.7} |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reports of serious occurrences made as required {Rule 1.7.1} |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Communicable diseases reported as required {Rule 1.7.3} |
| 16. | <input checked="" 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"/> | Staff present who hold valid CPR and First Aid Certification {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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6} |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate discipline policy followed {Subchapter 14} |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate transportation policy followed {Subchapter 15} |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infant feeding schedules posted (Appendix C, VII) |

Comments/Recommendations The facility will need to provide: verification of the current Form 333 (due 3/2019), current liability insurance (due 3/2019), 2-weeks menus, verification of 15 contact hours for all staff, requested verification for the listed staff and children Form 121's (see Form 289), and verification of cited items on the facility playground.

- ☒ Pass - Pending
License to be issued: ☐ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

☐ Director ☐ Designee

[Signature] Child Care Representative

Child Care Licensure Playground Checklist

Inspection Date 01/09/2019

Center Name _____

YES NO N/A
☒ ☐ ☐

1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)
4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
5. No standing water present on playground or in/on playground equipment or walkways (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61)
6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
8. Sidewalks smooth. Recommendation for re-painting exposed tree roots (tripping hazard)
9. 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 59)
10. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16) Recommendation for the removal of tree limb over composite equipment. The director called and request services during the inspection.
11. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
12. If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 2.5.2, pg 1 & 5.3.8.1, pg 1)
13. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 5.3.6.4-5 pgs 36-37)
14. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7, pg 36-37)
15. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, & CPSC 2.2.6, pg 1)
16. Is playground area clean & free of hazards? If not, state deficiency. Recommendation for removal of fallen tree limbs, pine straw, re-painting exposed tree roots and removal of trash.
17. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 4)
18. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 4 CPSC 3.6, pg 16-17)
19. Is wood smooth? Documentation provided that wood has been properly treated. (2.5.5, pg 15)

Director _____

Licensing Official YB m CCFI