



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Alcorn</u>	Date <u>1/17/20</u>
Facility Name <u>Kid's Kingdom</u>	License Number <u>6175</u>
Purpose <u>6 month</u>	Capacity <u>0075</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 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.	10/3 H1
2.	4/1 H2
3.	4/infant H3
4.	6 infants H4 H5
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 <u>2</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Kimberly Keyman

Child Care Representative

Amy Maust
*Jane Pratt*White Copy - Facility File
Mississippi State Department of Health

Yellow Copy - Facility Operator

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District

II

Date

1/17/20

Name

Kid's Kingdom

License No.

6175

Address

61 CR776

Center/Organization/Individual

Purpose

6 month

Director

Kim Kenyon

Mileage Start

Mileage End

County

Allcorn

Telephone No.

662 223-4279

Time In

12:30

Time Out

1:30

Total Time

Findings/Comments

Here for a 6 month inspection. Upon arrival license official met with Director.

121 toys in compliance

121 children in compliance

Kitchen received on B. License official observed mice droppings on pans on shelf and cans the facility threw the pan and cans away while license official was present. License official discussed a contract or pest control the facility will call pest control and send license official the bill from pest control. The facility called pest control while license official was at inspection.

Playground- TA was provided on Ant beds on playground The facility will get the Ant beds treated by the pest control. The facility scheduled an appointment while license official was present.

TA- Eggs was moved in the fridge and license official discussed the eggs being on the bottom shelf away from ready to eat food.

TA was provided in the nursery on bags being separated the bags are located in the hallway. Please review a plan to hang or separate bags in the hallway or have the bags available in the classroom.

Kimberly Seymour
Center Director/Designee/Individual

Adlynn Hunt
Child Care Representative
James Pruit
Revised 6-24-09

White Copy - Facility File
Yellow Copy - Operator



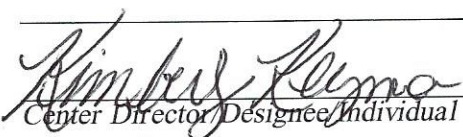
MISSISSIPPI STATE DEPARTMENT OF HEALTH

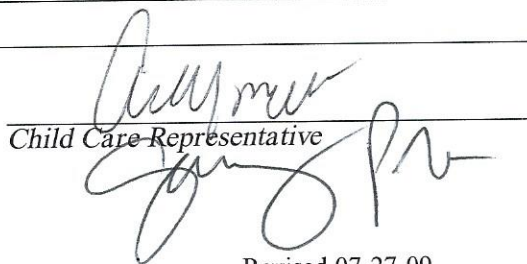
**Child Care Encounter
(Continuation)**Date 1/17/20Facility Name Kid's kingdom License No. 6175

The facility will send a bill for pest control and pictures will be
taken and sent to license official Ashley McVitt ashley.mcvitt@msdh.ms.gov.

License official may do a possible follow up.

Please reference to first inspection form


Center Director/Designee/Individual


Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID 6175	Facility Name, Address Kids Kingdom 61 CP 770 Walnut	Date 1-17-20
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CRITICAL VIOLATIONS

7-206.13
Pest Controls & Monitoring
Rodent droppings in
Kitchen.

Kitchen rec'd a "B."

CORRECTION PLAN AND SCHEDULE

The director contacted
Henderson Pest Control to come
out and treat for Rodents.
The director also removed all
can food goods and pan that
droppings were in. Facility will
thoroughly clean kitchen and sanitize
by Jan. 21, 2019. Also a copy of
the Pest control bill will be sent
to the licensing. A possible follow
up of the corrected deficiencies
may be conducted.

- ☐ 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

A2M

Please Remit within 10 days to:

Kimberly Keyman 6175
Certified Manager Licence Number

*Tummy Safe

Facility Signature

Environmental Signature

White Copy - Facility

Yellow Copy - PIMS

Pink Copy- Environmentalist