

MISSISSIPPI STATE DEPARTMENT OF HEALTH

## **Child Care Encounter**

	Child C	are Encounter		10-01 2000
District O			Dat	10-01-10-10
Name TM 718 Ch	ind Der, Confer	License No.	JUNG OFA-1	7231
Address NR C	nruman Are		38732	9
	Center/Or	ganization/Individual	1. ANdob	
Purpose Marial In	few	Director_///A/14	CW) ings 101	)
Mileage Start		Mileage End	_ `	
County BOWAR		Telephone No.	844-16499	
Time In 1030M	Time Out	Tota	al Time	
Findings/Comments NAM	AL PEREMALTIN	spectun comple	kd. There	hal m
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Class I and II	MOJATION MAI MAY PUNK TH MOTORE .	I levut IN A A double my	MUNEHANYP Surpension (	enally,
Center Director/Designee/Indiv	ridual Child Ca.	re Representative	White (	Copy - Facility File Copy - Operator

Mississippi State Department of Health

Revised 6-24-09

Form No. 287



#### MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection** 

	County BILLAR	Date			
	Facility Name Timy 1945 Child Dev. Conte	- 0			
	Purpose NETUAL THIS THIS CO	apacity_135			
	All Items In Red Are Critical Qualified director present Proper staff to child ratio present	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities			
	Room and playground capacity met  Center capacity met  License/complaint visible  Certified food manager	Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair			
3	Sanitation Approved Garbage and garbage bins maintained Vector control maintained	Lighting approved  Heating/cooling approved  Ventilation adequate  Glass approved and shielded			
	Water system approved and functioning Waste water system approved	Telephone on premises, available, and functioning			
	and functioning Food service approved  Possible Monetary Penalty	Electrical outlets protected  Large appliances located properly  Sinks and toilets working properly  Hot water at all sinks, not to			
CAR	1 \$	exceed 120°  Children barred from kitchen			
(13)	2\$\$	Vending machine snacks meet nutritional guidelines, if present Exits, doors and fastening devices			
2000	4\$	single action approved and in good working order			
Theopreal	5\$Age/Child/Staff Name	Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and			
3 (2)	1. (ONK-14K (ID) Y CARRESTYERS	in good working order			
350	2. Typold (9) CAMPATYER	First aid kits stocked and easily accessible \( \bigcup  \Bigcup  \Bigcup  \Bigcup  \Bigcup \Bigcup  \Bigcup			
(3) P. F.	3. JULIOUS (9) 2 CARRETORIS 4. JULIOUS (9) 2 CARRETORIS	Playground area clean, shaded, well drained and equipped and fence in good repair			
(A)	5. CANC IND (B) C CHRESTICES	Playground equipment meets standards   Pool area clean, fenced, and adequately			
<u>ड</u> ेंड	6. CONK-14PR (10)? CATEGITYERS 7. 2 VR OLD (13) 2 CARRELTYERS	maintained			
10)3 ye 1	(8) 2 VR Old (10) 2 CANGETYENS 9) 2 VR Old (12) 2 CAREGINERS	Diaper changing stations adequate in number and each fully supplied (number			
رز	Center Director/Individual  White Copy - Facility File Yellow Copy - Facility Operator	Child Care Representative			
		-10-08 Form No. 281			

Mississippi State Department of Health

## **Food Service Facility Inspection Results**

PIMS ID Fac	cility Name, Address	Date
7054 T	my Jote Whild M	ex. Center 10-01-2020
CRITICAL VIO		CORRECTION PLAN AND SCHEDULE
CRITICAL VIO	LAUONS	
M CRETICAL V	Wlaturo	Met complaince
Observed.		
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		*
A 8		
		FACILITY RECU "A"
		The state of the s
		TURCY ADAMS SENSAR
☐ 92020 Scheduled	92010 Permit No Charge	Certified Manager Licence Number
☐ 92030 Followup ☐ 92040 Complaint	92015 Permit 1 \$30.00 92011 Permit 2 \$100.00	esp: 1/26/200
☐ 92050 Consultation	☐ 92012 Permit 3 \$150.00	1 1/54/00
☐ 92070 Plan Review/Const.	☐ 92013 Permit 4 \$200.00	
☐ 92080 No Inspection		Facility Signature
☐ 92090 Restaurant Training		Facility Signature Market Signature Environmentalist Signature
Permit Date	Environmentalist Code	Environmentalist signature
Please Remit within 10 days to:		White Copy - Facility
		Yellow Copy - PIMS Pink Copy- Environmentalist



### MISSISSIPPI STATE DEPARTMENT OF HEALTH

Facility Name TM TB Chul Der Curler License No. Date 10-01-2020

Yes	No	N/A				
1 7			Policies and procedures (Parent's Handbook) {Rule 1.4.1}			
2.			Proof of Accident/Liability Insurance or documentation that parent has been notified that no			
- F		1	insurance is in effect {Rule 1.4.1 (i) & (j)}			
3.			Approved arrival and departure procedures {Rule 1.4.1 (2)}			
4.			Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}			
5. 4			Attendance records for children and staff {Rule 1.6.3 (1)}			
6.			Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}			
7.			Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (2)}			
8. 2						
9. 0,						
		Ø	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}			
10. 🗷			Immunization Records for Children and Staff {Rule 1.6.3 (8)}			
11.			Personnel records (attach employee's records form) {Rule 1.6.4}			
	1000000000	2	Volunteer records {Rule 1.6.5 & Rule 1.6.6}			
13.						
14. 🖸	0	Z,	Reports of serious occurences made as required {Rule 1.7.1}			
15.		Z	Communicable diseases reported as required {Rule 1.7.3}			
16. 🗷			Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}			
17.			Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}			
18. 2			Age appropriate program of activities posted in each room {Subchapter 9}			
19. 🗷			Required toys present in infant room {Rule 1.10.1 (2)}			
20. 🗷			Required toys present in toddler room {Rule 1.10.1 (3)}			
21.			e traperation of the contrast			
22. 🗖		Z	7			
23. 🗆	9					
24.			Appropriate discipline policy followed {Subchapter 14}			
	25.  Appropriate transportation policy followed {Subchapter 15}					
26. 🗆		Z	Infant feeding schedules posted (Appendix C, VII)			
Comm	ents	Rec	commendations			
			9.			
Pas Pas	s –					
Lic	License to be issued: Regular Probational Restricted					
Fail Applied I Man Man						
	Follow-up within days					
			☐ Director ☐ Designee Child Care Representative			

# Child Care Licensure Playground Checklist

Cent	er Na	ر _ ame	MI	Tots Child Der. Center Inspection Date 10/01/1000
YES	MO	N/A		
I ES			1.	Playground fence less than 3 ½" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
6			2.	2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
		1	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)
		2	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			7.	Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
1			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 59)
		9	9.	Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC
		7	10.	Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
		9	11.	If swings are present, are S-hooks in good repair? If not, state deficiency  (CPSC 3.2, pg 14; 2.5.2, pg 1 & 5.3.8.1, pg 37)
		9	12.	If slide is present, is exit height/exit zone adequate? If not, state deficiency  (CPSC5.3.6.4-5 pgs 34-35)
		1	13.	Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)
		A	14.	Is age-appropriate equipment being used? If not, state which pieces are inappropriate  (Rule 1.10.2, pg 46  & CPSC 2.2.6, pg 6)
7			15.	Is playground area clean & free of hazards? If not, state deficiency.  (Rule 1.11.11 (1), pg 61)
			16.	Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
Z			17.	Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
		K	18.	Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)
Dire	ctor	No	hal	RENEWAL INSPECTION icensing Official NOVA (2006)