

MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

Capacity.

N/A

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COS

Out

Purpose\_

Facility Name

County

#### Il 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

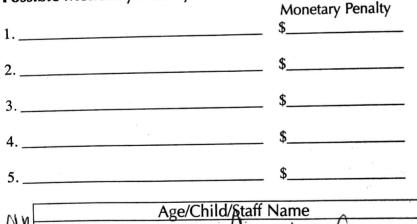
### Sanitation Approved

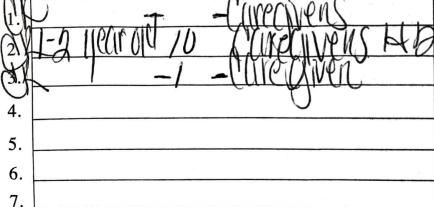
Garbage and garbage bins maintained	
Vector control maintained	
Water system approved and functioning	
Waste water system approved	

and functioning

Food service approved

#### **Possible Monetary Penalty**





Other Items - Must be corrected
Children's belongings separated/stored
Evacuation plans posted
Menus posted and served
Plan of activities

cense Number

## **Building and Grounds**

Date

Walls, ceilings, floors, toys, equipment clean and in good repair

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

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

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

#### Exits unobstructed

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

First aid kits stocked and easily accessible

Playground area clean, shaded, well drained and equipped and fence in good repair

Playground equipment meets standards

Pool area clean, fenced, and adequately maintained

Diaper changing stations adequate in number and each fully supplied

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Out

In

MISSISSIPPI STATE DEPARTMENT OF HEALTH Date 08-06-20 **Child Care Encounter** District. 28 icense N Name Driela Address ion/Individua Phploru Director 0 Purpose Mileage End Mileage Star Telephone No. County Total Time Brench Time Qut Time In ndings/Comments ince. ia Chialten Umpletec Rec'ol intr stage for nouns 4 White Copy - Facility I Yellow Copy - Operato Atchn Child Care Representative Center Director/Designee/Individual

Revised 6-24-09

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Form N

	AISSISSIPPI STATE DEPARTMENT OF H		
ty Name HOUVENIU / CUN	d Cafe Program R	Review Date 08-010-20	
Proof of Accident/Liabili         insurance is in effect {R         Approved arrival and deg         Image: Im	sparture procedures {Rule 1.4.1 (2) staff {Rule 1.5.2 & Rule 1.6.4 (1) children and staff {Rule 1.6.3 (1)} ster of children (includes date of bi cludes date of birth & date of hire) e/disaster drills {Rule 1.6.3 (5)} th date, time, signature for 90 dat for Children and Staff {Rule 1.6.3 (5)} th date, time, signature for 90 dat for Children and Staff {Rule 1.6.4 (1) tach employee's records form) {Rule curences made as required {Rule 1.6.5 & Rule 1.6.6 (1) ach children's records form) {Rule curences made as required {Rule 1.6.6 (1) tach children's records form) {Rule curences made as required {Rule 1.0 to rovided to parents for infants and do valid CPR and First Aid Cert am of activities posted in each root in infant room {Rule 1.10.1 (2)} in toddler room {Rule 1.10.1 (2)} in toddler room {Rule 1.10.1 (4)} contractor {Rule 1.11.14} fimmunization as required, signed ine policy followed {Subchapter 1 ortation policy followed {Subchapter 1 ortation policy followed {Subchapter 1 ortation policy followed {Subchapter 1 ortation contractor (Rule C, VII) $\bigcap$ (2)	<pre> (f) (f) } (f) } birth) {Rule 1.6.3 (2)} (Rule 1.6.3 (3)) ays {Rule 1.6.3 (6)} 3 (8) ule 1.6.4 e 1.6.7 te 1.7.1 .7.3 toddlers {Rule 1.7.4} tification {Rule 1.7.4} tification {Rule 1.8.1 (4) &amp; (5)} om {Subchapter 9} } } by veterinarian) {Rule 1.12.6} H </pre>	
<ul> <li>Pass – License to be issued:  <ul> <li>Regular</li> <li>Fail</li> <li>Follow-up within days</li> </ul> </li> </ul>	Probational Restricted Director Designee	IIIMIKa 311all Child Care Representative	
Mississippi State Department of Health			Ŋ

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	Care Licensui	re Playground Checkl	Page of
Food S	Service Facilit	y Inspection Res	
PIMS ID	Facility Name, Address	J inspection Res	ults
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CRITICAL VI	OLATIONS /	CORRECTION PLAN AN	08-06-20
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1411	14		
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02020 5-1-1-1		Brenda Whype	TIMMU SUPP
] 92020 Scheduled   92030 Followup	☐ 92010 Permit No Charge ☐ 92015 Permit 1 \$30.00	Certified Manager	Licence Number
92040 Complaint 92050 Consultation	☐ 92011 Permit 2 \$100.00 ☐ 92012 Permit 3 \$150.00	l	10-13-04
92070 Plan Review/Const.	☐ 92012 Permit 3 \$150.00 ☐ 92013 Permit 4 \$200.00		
92080 No Inspection 92090 Restaurant Training		Facility Signature	
ermit Date	Environmental/st Code	Environmentalist Signature	ulaha i
	<i>P</i>	L/amilla On	HORN
ease Remit within 10 days to:		White Copy - Facility Yellow Copy - PIMS	
	/	Pink Copy- Environmentalist	

			9	Child Care Licensure Playground Checklist
Cent	er N	ame	Hee	Welly Hearts Darning Inspection Date 08-06-20
VES	NO	N/A	["Pht	01
P			qui	Playground fence less than 3 1/2" from surface. (Rule 1 11 9 (8) pg 60) In good repair, with
1		_		no gaps? (Rule 1 11 9 (8), pg 60)       *         2 entrances exits, with one being remote from the building? (Rule 1 11 9 (8), pg 60)
FI	-	Ц	2	
1			3	Is surfacing adequate? If not, where is it inadequate? (CPSC 2 4 2 pg 9-10 & 4 3)
F.			4.	AC units, high-voltage cabling/wires inaccessible? (Rule 1 11 9 (5) pg 59)
A			5	No standing water present on playground or in/on playground equipment or walkways?
4		,	6	(CPSC 2 4 2.2(5), pg 10 & Rule 1.11.11 (4), pg 61) Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
F	-	-	0	
Þ.			7.	Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
\$			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)
A			9	Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC
A			10.	3.4, 3.5, pg 16) Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
		A	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)
_	_	1	12	If slide is present, is exit height/exit zone adequate? If not, state deficiency
U	Ц	P	12	(CPSC5.3 6.4-5 pgs 34-35)
	/□		13.	Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7 pg 36-37)
			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)
/				Is playground area clean & free of hazards? If not, state deficiency.
p .			15.	Is playground area clean & free of mazards: if not, state deficiency, (Rule 1.11.11 (1), pg 61)
Z/			16.	Is adequate shade present on the playground? (Rule 1.11 9 (?), pg 60 & CPSC 2 1 1, pg 5)
A	6		17.	Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
1			18	Is wood smooth? Documentation provided that wood has been properly treated. (CPSC
/		1		2.55. pg (5)
Direct	tor_			Licensing Official