



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County Hinds Date 04/04/2018  
 Facility Name Hanging Moss Preschool License Number 25C4RFA-1404  
 Purpose Renewal - J. A. Capacity 73

**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.	4-5 year olds (22) (Cregiver #1, #2)
2.	Infants (5) (Cregiver #3)
3.	3-4 year olds (11) (Cregiver #4)
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

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 (number 11)

Center Director/Individual Phelicia P. Allen

Child Care Representative Krista Allen



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 5

Date 04/04/2018

Name <u>Hanging Moss Preschool</u>	License No. <u>25C4RFA-1404</u>
Address <u>5885 Hanging Moss Rd Jackson MS 39206</u>	Center/Organization/Individual
Purpose <u>Renewal J.T.A.</u>	Director <u>Phelisa Pittman</u>
Mileage Start _____	Mileage End _____
County <u>Hinds</u>	Telephone No. <u>601-366-8769</u>
Time In <u>1:24pm</u>	Time Out <u>3:25pm</u>
Total Time _____	

**Findings/Comments** Upon arrival licensing official met Ms. Phelisa Pittman director of the facility. The purpose of today's visit was announced. A survey card was left with Ms. Pittman. The following were observed during the walk-through of the facility:

Building and Grounds in compliance. Kitchen was issued a letter grade "A". No violations were found. Playground is in compliance. Staff record (FBT letters and 181 forms) are in compliance.

Licensing official observed 5 children with expired 181 forms and 1 student with a form that needed to be changed to the MS/DH 181 form. Technical Assistance was given on maintaining a current 181 forms. 14 days is given to submit updated children 181 forms.

Technical assistance was given on moving the diaper changing station into the infant classroom instead of the restroom so that the teacher can monitor the children at all times. This issues was corrected on site. Recommendation was given on renewing tummy safe managers certification. Technical Assistance was also given on staff contact hours.

If you have any questions contact Lisa Allen 601-366-8887 Class I and II violations may result in a monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension or revocation of the license.

*Phelisa Pittman*  
Center Director/Designee/Individual

*Lisa Allen*  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Hanging Moss Preschool License No. 1404 Date 04/04/2018

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Policies and procedures (Parent's Handbook)</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 (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"/>	<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 (attach employee's records form)</b> {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"/>	<b>Children records (attach children's records form)</b> {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Reports of serious occurrences made as required</b> {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Communicable diseases reported as required</b> {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"/>	<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 (proof of immunization as required, signed by veterinarian) {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 (Appendix C, VII)

**Comments/Recommendations** Facility passed renewal inspection. Please submit renewal information as well as children 181 forms (14 days)

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

[Signature] Director  [Signature] Designee [Signature] Child Care Representative

# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Hanging Moss Preschool 52015 Hanging Moss Rd Jackson MS 39206	Date 04/04/2018
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**CRITICAL VIOLATIONS**

**CORRECTION PLAN AND SCHEDULE**

<p>No critical violations found on today's visit</p> <p style="margin-top: 100px;">"A" issued</p>	
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<input type="checkbox"/> 92020 Scheduled <input type="checkbox"/> 92030 Followup <input type="checkbox"/> 92040 Complaint <input type="checkbox"/> 92050 Consultation <input type="checkbox"/> 92070 Plan Review/Const. <input type="checkbox"/> 92080 No Inspection <input type="checkbox"/> 92090 Restaurant Training	<input type="checkbox"/> 92010 Permit No Charge <input type="checkbox"/> 92015 Permit 1 \$30.00 <input type="checkbox"/> 92011 Permit 2 \$100.00 <input type="checkbox"/> 92012 Permit 3 \$150.00 <input type="checkbox"/> 92013 Permit 4 \$200.00
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Permit Date	Environmentalist Code
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Please Remit within 10 days to:

Angela Miller  
Certified Manager

Tummy Sate  
Licence Number  
exp: 05/29/2018

Facility Signature <u>Shelton Pittman</u>
Environmentalist Signature <u>Jesus Allen</u>

White Copy - Facility  
 Yellow Copy - PIMS  
 Pink Copy - Environmentalist

# Child Care Licensure Playground Checklist

Center Name Honging Moss Preschool

Inspection Date 04/04/2018

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)  
No equipment observed
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. 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. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
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)
12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  
(CPSC 5.3.6.4-5 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 <sup>toys</sup> equipment being used? If not, state which pieces are inappropriate  
(Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 6)
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)
17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director Phelina Pittman

Licensing Official Jessie Allon