



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County <u>Panola</u>	Date <u>June 28, 2018</u>
Facility Name <u>Bobbie Turner Learning Center</u>	License Number <u>7309</u>
Purpose <u>Routine Inspection</u>	Capacity <u>77</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.	<u>Infant - 9 - Staff 1 Staff 2</u>
2.	<u>8/3yrs - 10 - Staff 1</u>
3.	<u>3/4yrs - 13 - Staff 1 Staff 2</u>
4.	<u>1/2yrs - 18 - Staff 1 Staff 2</u>
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 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"/>
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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Angie Campbell

Child Care Representative

Palma Sharpey

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 1Date June 28, 2018

Name <u>Kiddie Korner Learning Center</u>	License No. <u>7309</u>
Address <u>569 Hwy 6 W. Batesville MS. 38606</u>	
Center/Organization/Individual	
Purpose <u>Routine</u>	Director <u>Angela Campbell / Tonya Jones</u>
Mileage Start _____	Mileage End _____
County <u>Parola</u>	Telephone No. <u>(662) 654-1602</u>
Time In <u>9:20</u>	Time Out <u>11:25</u>
Total Time _____	

Findings/Comments Here for temp to Reg.

The licensing official met with Angela Campbell owner/director.

T.A. Rule 1.16.5 - "Hand washing sinks at diaper changing stations shall not be used for any other purpose."

Based on observation while touring the facility, items were present in the diaper changing sink.

Building/Facility - Compliance.

Children/Staff - MSDH 121 form compliance.

Kitchen received an "A" on today visit.

Child Care Questionnaire left @ facility.

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

Angie Campbell  
Center Director/Designee/Individual

Freema Shoggy  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

 Facility Name Kiddle Komee Learning Center License No. 7309 Date June 28, 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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</b> (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"/>            | <b>Children records</b> (attach children's records form) {Rule 1.6.7}  |
| 14. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>Reports of serious occurrences made as required</b> {Rule 1.7.1}  |
| 15. | <input type="checkbox"/>            | <input checked="" 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 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"/>            | <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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Infant feeding schedules posted (Appendix C, VII)  |

## Comments/Recommendations

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

☒ Director ☐ Designee

Angie Campbell  
 Child Care Representative

# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Biddle Horner Learning Center 569 Hwy 6W Batesville MS 38606	Date 6/28/2018
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No critical violations during today inspection

<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
Permit Date	Environmental Code 175
Please Remit within 10 days to:	

Tonia Jones  
Certified Manager

3010840  
Licence Number

Facility Signature <u>Angie Campbell</u>
Environmentalist Signature <u>Thelma Shoop</u>

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

# Playground Checklist

Center Name Kiddie Korner Learning Center License # 7309

YES NO

- L 1. Playground fence less than 3½" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)
- L 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
- N/A 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)  
N/A - NG equipment
- L 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
- L 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)
- L 6. Toys & equipment in good repair? (None broken/deteriorating) (Rule 1.10.2 (2), pg 36)
- N/A 7. Sidewalks provide smooth walking surface? (No trip hazards) (CPSC 3.6, pg 15)
- L 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 47)
- L 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
- L 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)
- N/A 11. If swings are present, are S-hooks in good repair? If not, state deficiency  
(CPSC 3.2, pg13)
- N/A 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  
(CPSC 5.3.6.4-5 pgs 34-35)
- N/A 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)
- L 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate  
(Rule 1.10.2, pg 36)
- L 15. Is playground area clean & free of hazards? If not, state deficiency.  
(Rule 1.11.11 (1), pg 49)
- L 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
- L 17. Are concrete footings located a minimum of 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
- L 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director Angie Campbell Licensing Official Palma Shapiro Date 6/28/2018