

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Nadison		Date_	7/ 10/2020				
Facility Name The Child	rens Academy Af	tuschood Licen	se Number 45 CD	PSA	-68	359	
Purpose Virtual Renewal	Inspection	Capacity 92					
All 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	In Out COS N/A	Children's beld Evacuation pla Menus posted Plan of activiti	and served ies		Out	COS	N/A
Certified food manager		clean and in go		\mathbf{Z}_{j}			
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning		Lighting appro Heating/coolin Ventilation add Glass approved Telephone on	ng approved equate				
Waste water system approved and functioning		and functionin	g				
Food service approved Possible Monetary Penalty		ces located properly ets working properly					
1	Monetary Penalty \$	exceed 120°	ed from kitchen				
2	\$	nutritional gui	ine snacks meet delines, if present	1			
4	_ \$ _ \$		nd fastening devices approved and in good	d ,			
5	\$	Exits unobstru Required smol	icted ke detectors, carbon				
1. School age 124 St	ret #1		nitors, fire extinguishers sters placed properly and ng order				
2. 00 081 acg C 1 201 01	It # 2, # 3	First aid kits s	tocked and easily accessible				
3. 4.	×		ea clean, shaded, well quipped and fence in good				
5.		Playground eq	quipment meets standards	₫,			
7.		Pool area clea maintained	n, fenced, and adequately			,	
	II ALCOLU O	number and ea (number	ng stations adequate in the fully supplied				
Center Director/Individual White Copy - Facility File Yellow C	The MSDH hencus Copy - Facility Operator		e Representative				

12-10-08

Form No. 281

Mississippi State Department of Health



Child Care Encounter

District 5			Date 7/10/2020				
Name The Child	treps Academy Aftersch	License No. 45 CDP3F	7 - 6859				
Address 324 Distribution Drive Madison, MS 39110 Center/Organization/Individual							
Purpose Virtual he	eneual Inspection	Director Ashley Kimble	Olivia Ford				
Mileage Start	·	fileage End					
County Madis	on To	elephone No. <u>Levi-607-7</u>	330				
Time In 2000	Time Out	Total Time					
Ford are pres	The purpose of the many object. The following object.	directors, Ashley Kimber various were mad	a virtual renewal ble and Olivia c!				
- No critical grands ar	Violations were observed by the	rved regarding the k schoolage children.	ouilding and				
	Violations were obser						
- No critical pool areas	violations were obse . The pool life guard	rved regarding the p was observed on-dul	laygrand !				
-hereux pen	ding the requested f	acility documents.					
per the MSD	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	pliance, per the					
CIP COFOR :		revocation of	tne license.				
		monetary per may result in	violations may result in a nalty. Repeated violations the doubling of a nalty, suspension, or				
See the MSOH hen Center Director/Designe	ewal Letter Child Care R	epresentative	White Copy - Facility File Yellow Copy - Operator				